MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 16. Film G-238 1/29/59.cac. Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. a. COUNTY Page b. COUNTY MARYLAND files. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO A NAME OF 0 4. DATE Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS Months Days Hours WIDOWED | DIVORCED угз. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) UD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME m PM3. pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS pesa PERFORMED 200. EXTERNAL CAUSE WAS PRIMARY 10 or CONTRIBUTING 11 CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fam, 20f. (City of town) (County) (Stole) Nat while While at wark at work 7 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection P. Inquiry and in my opinion death resulted from: Natural causes . Accident . Suicide | Homicide Underermined manner DIRECTOR DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE Should be DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREON 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME 2 9 159

The bottom copy may be retained by the hospital or attending physician.

ATTENDIA

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

00667

and.

570			Reg. Dis	st. No			
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED			
COUNTY Harford	MARYLAND	STATE Maryland COUNTY Harford					
CITY (If outside corporate limits, write RURAL OR and give naarest town)	LENGTH OF STAY (in this place)		orate fimits, write RURAL end give n				
TOWN Bel Air	6 Ma	TOWN	risville				
HOSPITAL OR INSTITUTION OR	O MO	/ STREET	(If rural give location	1)			
STREET ADDRESS	dan II.wa	ADDRESS	White Ha	ll RD			
3. NAME OF Harford Convalison	Aiddle HOME	(Last)	4. DATE (Month)	(Dey) (Year)			
(Type or Print)		Almony	of DEATH Jan.	3 19 59			
S. / SEX 6. COLOR OR 7. SINGLE, MARRIED	D. 8. DA	TE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS.			
RACE WIDOWED, DIVO		1865	Months yes.	Deys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT			
	ome	Wanfand da	762	COUNTRY?			
13. FATHER'S NAME	ome	Harford Co.		U.D.A.			
ma and T		47: N	T				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Alice N	ADDRESS				
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Arnold A	Times Davin Ca	Do To			
	18. MEDICAL C	ERTIFICATION	tyres rawn G	cove, Pa.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH			
1 IMMEDIATE CAUSE (A)	Ivpostatic	Pneumonia		6 Mo.			
ANTECEDENT CAUSE(S) DUE TO	M						
DISEASES OR CONDITIONS, IF ANY, (B) (GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	mronic Car	dio Vascular Dis	9359	7			
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH.							
190. DATE OF OPERATION 196. MAJOR FINDINGS C	F OPERATION			20. AUTOPSY?			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	farm, fectory.	21c. WHERE DID INJURY OCCU	IR? (City or town) (Co	VES NO W			
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., atc.)		(60) (100)	(3,5,5)			
	Not while	21f. HOW DID INJURY OCCU	JR?				
M. at wor							
22. I hereby certify that I attended the decease	ed from July	1, 19.58, toJa	n 2 19.59 that	I last saw the deceased			
alive on Jan 2,, 19.59, and	that death occurred	at.11:30BMMrom the	causes and on the date sta	ted above.			
SIGNATURE A A	11.	ADD	RESS (Street, city, town, stete)	DATE SIGNED			
Willard & Hua	CHOK M.D.	Forest	Hanh Ma.	Jan 5 105			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town, or coun	ity) (Siafa)			
Burial 1/6/1959	Ayres Ch		White Hall	RD Md.			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			
DATE JAN 7 '59 Outloop & Knows		Chiplasia	Must Har	rellevelle			

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Pages 1 and 2 should be filed with		
popers.	death.	
Then please remove carbon papers.	after de	
remove	laval, and in any event within 72 hours after d	
pleose	within 7	
Then	event	
permit.	in any	
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y the haspital or attending physician.

**TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the bur the registrar prior to buriol, crematian, ar rem

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

671 CERTIFICATE	OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH HARFORD MARYLAND 2. U.S. O. COUNTY		If institution: Residence before admission).
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. RURAL and give negrest lown)	CITY OR TOWN (If outside corporate limi	its, write RURAL and give nearest town)
HOTRE-de-GRACE D.O.A. X	FERRYVIL	16
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HAR FORD Memorial HUSPITAL	STREET ADDRESS Cliken	and a sesidence on a farm? YES NO DE
3. NAME OF DECEASED (Type or print) R. Luke (Sula) as	MOTO. 4. DATE OF DEATH	Month Doy Yeor Z 195
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAT Wale White WIDOWED DIVORCED 7-	e OF BIRTH 9. AGE	(In years birthday) yrs. (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done dving most of working life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 1 106. USUAL OCCUPATION (Give kind of work done done dving most of working life, even if retired)	BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME LEONARD, amoto	MOTHER'S MAIDEN NAME	1 alagia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no, or unknown) (If yes, give wor or dates of service) 217-14-8090	ar Thirato Per	ryville, Md
18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).]	101	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Massive (82	onong thou hi	3 2 , S 20 1m a x
420.1 DUE TO		1. 6
(0)	-6:3.8	/ deste.
gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.		
(0)	FLATED TO THE TERMINAL DISEASE COND	OTTION GIVEN IN PART 1(a) 19. WAS AUTOPSY
THE STATE OF THE S		PERFORMED? YES NO [4]
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING 204) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r noture of injury in Port I or Port II of ite	em 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of work	INJURY (Home, form, 20f. (City or town reet, office bldg., etc.)	n) (County) (State)
21. I certify that I attended the deceased from 12/25	1958, to /- 2	, 1952, that I last saw the decease
actual SIGNATURE M.D. M.D.	rred at 10.25/M, from the c	causes and on the date stated above y or town, state) DATE SIGNI
PHYSICIAN'S G.H. Richards Jr.		
220. BURIAL, CREMATION, 226. DATE THEREOF Mt. Erin Cen		ity, town, or county) De Grace, Md (Stote)
23. Filheral DIRECTOR'S SIGNATURE ADDRESS Perryville		24b. REGISTRAR'S SIGNATURE Continua S. Fricana

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FOR STATE HEALTH DEPT 161

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the case, writing the word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral for. Page 4 should be 15 and at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained four files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

V5. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		3.9					Keg. Dist. No	
PLACE OF DEATH	arford		MARYLAND	2. USUAL RESIDENCE (V	land	ed lived. If instituti b. COUNTY		_
and give nearest to	b. CITY OR TOWN II outside corporate limits, write RURAL ond give nagreal town) C. LENGTH OF STAY IN 1b ond give nagreal town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Jarrettsville				
	larford Memo		pital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		irst	Middle W •	AMREIN	4. DATE OF DEATH	Janua:	y 8	Yeor 19 59
5. SEX	6. COLOR OR RACE	7- MARRIE	ED NEVER MARRIED 8	_	908	Park horibators	Months Doys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	CIND OF BUSINESS OR INDUST	Name of the last o			12. CITIZEN O	F WHAT COUNTRY
Truck Dr	king life, even if retired)		arford Count	v Jarrett	~~~; 7 7	a Mra	II C	Λ
13. FATHER'S NAME	Iver		BLIOLO COUNT	14. MOTHER'S MAIDEN I		e Mu.	LU.S.	A
Charle	s H. Amre	in		Mary A.	Eicho	7+0		
5. WAS DECEASED	EVER IN U. S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT	BIGHC	Address		
Yes, no. or unknown	(If yes, give war or dates a		213-20-5968	Hanney Amm	oin	Forest	Hill	MA
	EATH Enter only one co			nem ex want	E111	201686		RVAL BETWEEN
420.1	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c		pronary Scleros					
Conditions, if gove rise to imp (0), sloting the	mediate couse							
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
САТІО	The storth cor		ALL CONTROL OF SEATING OF THE SEATIN	TO RECALLS TO THE TEXAS	THAT DISTAGE	CONDITION ONE		PERFORMED? YES NO
20g. EXTERNAL C PRIMARY OF C CAUSE OF DEAT	ONTRIBUTING	Ob. DESCRIBI	20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTION CONTRIBUT					
Hour o. 1	n.	While	Not while fact	CE OF INJURY (Home, farm ory, street, office bldg., etc	n. 20f. (City	or fown)	(County)	(Store)
	n. n. 19	While of wo	Not while fact	ory, street, office bldg., etc	.)	or fown)	(County)	
21. I certify	n. 19 that I taak chorg	while of we	e Not while fact	ory, street, office bldg., etc	γ Χ , In	spectian [],		, and in my
21. I certify	n. 19 that I taak chorg	while of we	Not white foot or work or work or work or work	ory, street, office bldg., etc. Ive, held an Autops , Suicide ,	Y K, In Homicide	nspectian, , Undeter	Inquiry [, and in my
21. I certify opinion deal	that I taak chorg h resulted from:	While of wo	remains described abaccouses X. Accident	ory, street, office bldg., etc. ive, held an Autops , Suicide ,	Y K, In Homicide KAMINER (S)	nspectian,, Undeter	Inquiry [, and in my
21. I certify opinian deal ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL. CREMA	that I taak chorg h resulted from: Russell HON, 22b. DATE THERE	White of we see of the in Notural of of the in N	Not white of work of work of work Accident	ory, street, office bldg., etc. Ive, held an Autops , Suicide , M.D. CHIEF MEDICAL E: ASSISTANT MEDICAL DEPUTY MEDICAL	Y K, In Homicide KAMINER AL EXAMINER EXAMINER	nspectian,, Undeter	Inquiry mined manne	, and in my er DATE SIGNED
21. I certify opinian deal actual signature EXAMINER'S NAME (Type)	that I taak chorg h resulted from: Russell TION, 22b. DATE THERE	White of we see of the in Notural of of the in N	Not white of work of w	ory, street, office bldg., etc. Ive, held an Autops , Suicide , , CHIEF MEDICAL E. ASSISTANT MEDIC DEPUTY MEDICAL CREMATORY	Y M, In Homicide XAMINER AL EXAMINER EXAMINER EXAMINER 22d, LOCAT	spectian,, Undeter	Inquiry mined manne	, and in my er DATE SIGNED

STATE NOR cisi

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DATEFEB 5

Haltimore

Day

31

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

anu

PERFORMED? YES NO TH

(State)

DATE SIGNED

(State)

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO NO

Year

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may be retained the haspital ar attending physician. TO FUNERAL DIR. DR. After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

673 CERTIFICATE OF DEATH

00667

	U	10						Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY	Harford		MARYLAND	2.	USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY		before of	odmission)
b. CITY OR TOWN (I RURAL ond give no	If outside corporate limit	s, write	c, LENGTH OF STAY IN 16		c. CITY OR TOWN (IF		rate limits, write R			it fown)
	de Grace		D.O.A.	1	Edge	ewood.	Rural			
OR INSTITUTION	rd Memorial				d. STREET ADDRESS	s's Co	mer			IS RESIDENCE ON A FARM?
3. NAME OF	Fir		Middle	-11	Lost	4. DATE	Mon	46.	Day	Year
(Type or print)				70		OF DEATH			,	
5. SEX	William	7	H.	1	earsch ATE OF BIRTH	J. J.	Jar		O,	19 59 UNDER 24 HRS
J. JLA	B. COLOR OR RACE		IED NEVER MARRIED				9. AGE (In years last birthday)	-		laurs Min.
male	white	WIDOWE			Aug. 20, 190'	7	51 yrs.			
during most of wor	ON (Give kind of wark of king life, even if retired)	lane 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (State	ar fareign c	ountry)	12. CITIZ	EN OF	WHAT COUNT
Merchan			en. Mdse.		Edgewood	d.Marv	land	1	U.S.A	A
3. FATHER'S NAME				14	. MOTHER'S MAIDEN I					
	roge Bearsc				Annie (Gunthe				
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT		Addi	ress		
TO-			18-32-0822	Mor	rell H. Bes	arsch.	Edgewood	R.D.	. Ma:	ryland
	ATH [Enter only one co	use per lin	ne far (a), (b), and (c).]				15-			AL BETWEEN
	TH WAS CAUSED BY:	Cu.	00000		or-lu	2	~		ONSET	AND DEATH
11201	IMMEDIATE CAUSE (6)		00000	7			2010		2	rays
420.1	DUE TO									
Canditians, if o										
cause (o), stating									- 7	
lying cause last.) (c)									
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	TONT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED? ES NO
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Er	ter nature af injury in	Part I ar Par	t II of item 18.)	5		24/
20c. TIME OF INJUR Hour o. fl. p. m.	Y Month, Day, Yea	While at work	_ Nat while for	LACE (OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (City	or tawn)	(Co	ounty)	(State
21. I certify th	at I attended the	decease	ed fram 1 - 4		, 19 5 7 ta	1-6	. 19 4	Shat I lo	ist saw	the deceas
alive an		. 19.5	29, and that deat	h acc	purred at SP	M. from	n the causes a			
0			7'				reet, city or town,		date	DATE SIGN
ACTUAL SIGNATURE	leveld	60	almer	M.D.	B		, Maryla			
PHYSICIAN'S NAME (Type)	Gerald C. I	alme	r				r. Maryla			
220. BURIAL, CREMATIC	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CRI	MATORY		TION (City, Iown, o			(State)
REMOVAL (Specify)	Jan.9,195	9	Trinity Luth	era	n		pa, Harf		1	Md.
23. FUNERAL DIRECTOR		0	ADDRESS		240 PEC*	D BY REGIST	PAR 245 PEGIS	TRAR'S SIGN	JATLIDE	
CHITTLE	K 11. (0 pm	10/1	/ Abingdon,	Mar	yland DATE &			hun & 41		
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ATTENDIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	038	Reg. Dist. No.					
	1. PLACE OF DEATH COUNTY Harford MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY)	2. USUAL RESIDENCE (HOME) OF DECEASE STATE Maryland COUNTY Hart	ford				
	CTY (If outside corporate limits, write RURAL OR end give neerest town) RURAL, Bel Air 5 months	CITY (If outside corporete limits, write RURAL and give near OR TOWN RURAL - Bel Air	rest town)				
)	HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2, Bel Air	/ STREET (If rural give location) ADDRESS C/O Ernest B. Kirkpatri	ick, RFD #2,				
	3. NAME OF Christianna (Middle) (Type or Print) CHRISTIANA CATHERINE BE	(Last) 4. DATE (Month) OF DEATH Januar	(Day) (Year)				
	F 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow Nover	of BIRTH 9. AGE lest birthdey IF UNDER Months Months	R 1 YEAR IF UNDER 24 HRS. Deys Hours Min.				
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) housewife	11. BIRTHPLACE (State or foreign country) Maryland	COUNTRY?				
4	13. FATHER'S NAME Harman Schlissler	14. MOTHER'S MAIDEN NAME Catherine Kate					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	17. INFORMANT & ADDRESS SON-in-taw: E. B. Kirkpatrick, RD #2,	Bel Air, Md.				
	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CER 19. MEDICAL CER 19. MEDICAL CER 10. MED		INTERVAL BETWEEN ONSET AND DEATH				
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	cardiovascular disease	several year				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 2) recent cerebra fracture of r	el thrombosis ight hip	2 or 3 weeks				
)	19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO				
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	nty) (State)				
	21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?					
I	22. I hereby certify that I attended the deceased from August alive on Dec. 30, 19. 58, and that death occurred at SIGNATURE	24, 19 58, to Jane 3, 19 59, that I t 12:50 M, from the causes and on the date state ADDRESS (Street, city, town, state)	ed above.				
55 10M	Paul S. Stonesifer Jr. M.D. 1	15 Fulford Ave., Bel Air, Md.	Jan. 3, 159				
A15C 1-55	23 BURIAL) CREMATION, DATE THEREOF NAME OF CEMETERY OR 1-6-59 Meadon	w Kidge Dall	The (State)				
\S	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Harre				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

BEI Air, manyand

699 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Harford COUNTY Maryland MARYLAND STATE COUNTY Harford (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give nearest fown) and give nearest town) (in this piece) TOWN RURAL -- Forest Hill RURAL - Forest Hill lifetime HOSPITAL OR STREET (If rural give location) Box 215, RFD. Forest Hill INSTITUTION OR ADDRESS Box 215, RFD, Forest Hill STREET ADDRESS 3. NAME OF (First) (Middle) (Lost) 4. DATE (Month) (Year) DECEASED (Type or Print) JAMES 31 10 59 DEATH January HENRY BLAKE 6. COLOR OR SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED Hours mala October 29, 1877 (Specify) married 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Farmer Farming Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Blake Martha O'Donnell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. Box 215, RFD, (Yes, no, or unk.) (If Yas, give wer or dates of service) 219-36-0214 Alvin Blake (son) Forest HIII. Md. 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 420.1 Myocardial Infarction IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) Coronary thrombosis hrs. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. Arteriosclerotlo cardiovascular disease (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Residual of cerebrovascular accident 18 months DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING FT 21b. PLACE (Home, ferm, fectory, 21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaer) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from Jan. .., 19.59, to................, 19.........., that I last saw the deceased and that death occurred at 12:05 M, from the causes and on the date stated above. Paul S. Stonesife J. ADDRESS (Street, city, town, stete) l'almer DATE SIGNED Jr. Deputy More 15 to Prord Ave. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stata) REMOVAL (SPECIFY) 1959 St. Ignatious Cemetary Eurlal Hickory Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE W. Brondway + Williams St.

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registrar within 72 hours after death. After this by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled in death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Harford MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE Marland COUNTY Harford					
OR and give nearest town) (in this place)	CITY (If outside corporate timits, write RURAL end give nearest town) OR					
TOWN Hallston 15 yrs	. X TOWN Fallston RD					
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS					
STREET ADDRESS	Plesantville Road					
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)					
DECEASED (Type or Print)	OF DEATH					
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DA	Teving 9 Jan 7 1950 JE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR					
RACE WIDOWED, DIVORCED,	Months Days Hours Min					
Female White (Specify Widowed Oc. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	t. 15, 1871 87 yrs.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT					
relired) Housewife Home	Tanging N C II & A					
3. FATHER'S NAME	Lansing N.C. U.S.A.					
Robert Francis	Stewart					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unk.) (If Yas, give war or datas of service)	. 17. INFORMANT & ADDRESS					
(if tas, give war of datas of service)	Miss. Francis Blevins Fallston					
18. MEDICAL	CERTIFICATION INTERVAL BETWEENT					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH					
4340 IMMEDIATE CAUSE (A) Conges	tive Heart Failure 3 weeks					
ANTECEDENT CAUSE(S) DUE TO						
DISEASES OR CONDITIONS, IF ANY, (B) Extreme	e Thoraco-Lumbar Kyphosis Prob. 10 yr					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO						
(c) Osteo	Arthritis 32 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?					
	YES NO					
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCURRED While Not while At work at work	1 214, HOW DID INJURY OCCUR?					
	3, 19.59, to Jan. 7, 19.59, that I last saw the decease.					
SIGNATURE	d at.5					
PIOR THE						
M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	Forest Hill, Maryland Jan. 7, 19					
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	(State)					
Burial 1/9/1959 Oak Gro	ve Fountain Green Md.					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
1881 1 Q 'CO	mortin Herot am Tack					
DATE JAN 1 2 59	litt our flow from the series					

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THE CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 701

CERTIFICATE OF DEATH

00671 Reg. Dist. No.

1	o. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) The RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddrest) OR INSTITUTION Bellive	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Dennis , Lev-	Bradley 4. DATE Month Day Year DEATH Jun. 8, 1959.
+	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec 17- 1894 9. ACE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	during most of working life, even if retired) Helmanusal Plater Compo	my Faleston, med US
1	13. FATHER'S NAME Daniel Bradley	Maria Tahaney.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 215-63-3259	Mrs alice V. Brukey - Bel air Me
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDIO - RES	P. FAILUAE INTERVAL BETWEEN ONSET AND DEATH BARYS
		TRIOSCLEROSIS + CONGESTIVE
	gave rise to immediate cause (a), stating the under-lying cause lost.	HEART FAILURE 2 YEARS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
		D. (Enter nature of injury in Port I ar Port II af item 18.)
		ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased fram	1952, ta 8 January, 1957, that I last saw the deceased accurred at 2177 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
	ACTUAL SIGNATURE HER HERWILL	M.D. 401 Franklin M. Beller had Jago
	PHYSICIAN'S HIR STOWELL M.D.	
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF STANKE OF CEMETERY OF STANKE OF CEMETERY OF CEME	satholic Tong Green "ma
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. archer Benson	240. REGISTRAK 24b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

674 CERTIFICATE OF DEATH

00672

034			Reg. Dist. No.	
I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased live o. STATE,	d. If institution Residence before	e admission)
HARFURD	MARYLAND	MARYIAND	HIPRE	ORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give near	rest town)
HAVRE CE GRACE	5 HRS	REF/AIR		
d. NAME OF HOSPITAL (If not in Mospital, give street ode ORINSTITUTION MEMORIA	dress) 1 Husp	13 N. REIL		ON A FARM? YES NO D
NAME OF First	Middle	Lost 4. DATE	- Month Day	Year
(Type or print) MAMIE	BollES	CARSWELL DEATH	JANHARY 2	4 1959
FEMALE 16. COLOR OR RACE 7. MARRIES	DEVER MARRIED TO	B. DATE OF BIRTH	GE (In years of birthday) Wonths Days yrs.	Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b, KII	2	DUSTRY W BIRTHPLACE (State or foreign country		F WHAT COUNTRY
during most of working life, even if retired)	THE OF BOSINESS ON THE	Illinois	71.3	5.A.
FATHER'S NAME	NE 10 4 10 1	14. MOTHER'S MAIDEN NAME		
HIRAM BOLLES		Emily VAr	METER	
(es. 1) or unknown) Iff yes, give yor or dates of service) 16. SC	OGIAL SECURITY NO. 17	Mrst Mary C.	Mangi	on
18. CAUSE OF DEATH (Enter only one couse per line	for (a), (b), and (c).	1/3 mili Reed		RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	elmal	Hemorrhage	ONS	COLL-
443 × DUE TO) -	4.	1,011.		V
Canditions, if ony, which) (b) ATT	eno4Cler	otie (andiovase	ouland para	6
gove rise to immediate couse (a), stating the under-lying couse last.	l Hyper	tensive Cardiov	ascular	(?)
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING, CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCR	IBE HOW IN ILIRY OCCUR	RED. (Enter noture of injury in Port I or Port II o	f item 18.)	IES [] HO []
		table (american) injury in tout or tour in		
		PLACE OF INJURY (Home, form, 20f. (City or Infoctory, street, office bldg., etc.)	awn) (County)	(Stole)
Hour a. m. While of work [TAOL MINNE	locioty, sireer, office blog., etc.)		
21. I certify that I attended the deceased	fram 1/2-3 20	125-9 to 1/24	19 T That I last sa	w the decease
alive on 1/24th 1 19 (0 110	th occurred at 12:30 Motram th	e causes and an the dat	
	17		city or town, state)	DATE SIGN
ACTUAL SIGNATURE	100 mi	DMO. 21/N. Muion	Ave · 1	124/59
PHYSICIAN'S ERWArd C	. Loo, M.	& Havre de t	grace lud	12:4
20. EURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	or crematory, 22d. LOCATION	Cloney	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS .	240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATUR	E

may be retain by the haspital ar attending physician.

O FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. TO FUNERAL D VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR

	CERTIFICATE OF DEATH
HEAT OF SECTION 1 AND 1 AND 1	

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MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

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	700	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When o. STATE	e deceased lived. If institut b. COUNTY	ion: Residence before admission
	b. CITY OF TOWN III outside cardarote limits, write c. RURAL and give pearest town.	LENGTH OF STAY IN 16	c. CITY OR TOWN (1/6)	tside corporate limits, write	RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	ess)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	rherlain	4. DATE OF MODEL OF DEATH OF	nth Day Yeor 1957
5.	Male John or BACE 7. MARRIED WIDOWED [8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Haurs Min.
10	o. USUAL OCCUPATION (Give kind of work done 10b. KM) during most of working life, even if reffred)	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	foreign country)	12 CITIZEN OF WHAT COUNTRY
L	Hally Char	nberla	14. MOTHER'S MAIDEN NA	WO A	Earwood
15. (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC es. no, or unknown) (If yes, give fremos dates of services)	-32-2 17	Mry Li	icy sel Co	dress larough
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r (0). (b). and (c). To	Fine Read	- forline	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate (b)			V	
7	lying couse lost. DUE TO (c)				
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONT				VEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
IL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Po		
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While at work	Not while for	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City ar town)	(Caunty) (State)
	21. I certify that I oftended the deceased of olive on 19 59	from May,	. 7/		7.,that I last saw the decease and on the date stated above
1	ACTUAL SIGNATURE SURVEY Pludy	m		DORESS (Street, city or town	
	PHYSICIAN'S Dudley Phillip			Naton, M	d 1/29/59
L	MEMOVAL (Specify) Jan 31, 1937	C. NAME OF CEMETERY O	rem	2d. LOCATION (City, town,	or county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE	ringlos	MA DATES 5		ISTRAR'S SIGNATURE

DATES 5

MINERAL MARKET AND CONTRACT OF THE PARTY OF	ATE OF DEATH	202	
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T	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7	675 CERTIFICATE OF DEATH Reg. Djst. No. 0 674
1	PLACE OF DEATH a. COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND A. COUNTY Star fast COUNTY St
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Starre all hall Garage C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
71	d. NAME OF HOSPITAL/IF not in hospital, give street oddress) OR INSTITUTION O
3	NAME OF DECEASED (Type or print) NEIL Franklin Callier 4. DATE OF DEATH CONTROL 9, 1959
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS 16 June 1895 63 yrs. Months Days Hours Min.
1	To. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Coal Mines Coal Mines 11. BIRTHPLACE (State or foreign country) Lengthia 12. CITIZEN OF WHAT COUNTRY Coal Mines
	Creed F. Collier Willie Ann Edens
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (II yes, give wor or dates of service) 233 09 9317 Glichard Colleir Jon - 158 E. Ween St - about
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CArter om attal: (frimary) ONSET AND DEATH
	Conditions, if ony, which) (b) rectum- status remate reference 18 ms.
	gave rise to immédiate cause (a), slating the <u>under-lying cause last.</u> DUE TO (c)
2	
1000	
Ta City	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work 19 20d. INJURY OCCURRED At work 19 20d. INJURY Home, farm, foctory, street, office bldg., etc.)
	21. I certify that last saw the deceased from 1950, that I last saw the deceased alive on 1950, and that death occurred at 8:25 mm from the causes and on the date stated above
	ACTUAL SIGNATURE SIGNATURE 8 Law Street 1 1 - 90
	PHYSICIAN'S NAME (Type) Peter P. Rodman, M.D. Aberdeen, Md.
2	20. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof 22c. NAME OF CEMETERY OR CREMATORY Burial 22d. LOCATION (City, town, or caunty) (Stole) Bel Air Memorial Gardens, Bel Air, Maryland
2	ADDRESS ADDRES
0	Tarring Funeral Home

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND

CERTIFICATE OF DEATH

00675Reg. Dist. No.

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33)	}
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1. PLACE OF DEATH o. COUNTY Harford

> b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Aberdeen Proving Ground d. NAME OF HOSPITAL (If not in hospital, give street address)

703

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY West Virginia Cabel 3 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

Milton, West Virginia d STREET ADDRESS

4. DATE

DEATH

e. IS RESIDENCE ON A FARM? YES INO TA

	US	Army	Hospital	Aberde	en	Prov.Gd.	, Md
	NAM DECE			First		Middle	
		or print)	Rose	Baxter	Cur	ningham	
7	CEV		1, 50100.0				

nningham COLOR OR RACE 7. MARRIED NEVER MARRIED Caucasian WIDOWED K DIVORCED |

SOCIAL SECURITY NO

8. DATE OF BIRTH 14 December 1877

9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

1959

	Housewife	
13.	FATHER'S NAME	

OR INSTITUTION

14. MOTHER'S MAIDEN NAME

USA

13.	FATE	HER'S	NAME
-----	------	-------	------

Female

Sarah Prudence Duffv

January 14

Felix Jos	sephus	Baxter	
1S. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S.	ARMED FORCES? wor or dates of service)	10

PART I. DEATH WAS CAUSED BY

during most of working life, even if retired)

17. INFORMANT

West Virginia

Church Street

LtCol Harvey M. Hardin, Aberdeen Proving Gd., Md.

	IMMEDIATE	CAUSE (0
1	110 X	DUE TO
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-	(b)
	lying couse last.	10

Metastatic carcinoma

Intracerebral hemorrhage

Unknown

ONSET AND DEATH

DUE TO

Carcinoma of breast

1.5 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

Megaloblastic anemia

PERFORMED? YES NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)

No injury or accident

20c. TIME OF INJURY Month. Day, Year o. m

20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

(County) (Stote)

at work at work p. m. 21. I certify that I attended the deceased from 1 January ..., 19.59, to Death, 14 Jany 59, that I last saw the deceased

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

(b)

Jan, 19.59 __, and that death occurred at 10:10PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

(State)

41410

DATE SIGNED

ACTUAL SIGNATURE

Aberdeen Proving Ground, Maryland

PHYSICIAN'S NAME (Type)

EMOVAL (Specify)

220. BURIAL CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

23. FUNERAL DIRECTOR'S STENATURE

lace

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 10/57

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00676 CERTIFICATE OF DEATH 676 Reg. Dist. No. director, iled with 9604 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY filed MARYLAND FORT death. C. LENGTH OF STAY IN 16 P.G b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 23 YES NO NO NAME OF Middle 4. DATE First Lost Month Day Year DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER JYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) State Road 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 06/5 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 212-09-7743 nding 72 no Mrs. Anna Davis Air, Maryland. within INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Port 11 of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at work That I lost saw the deceosed 21. I certify that Lattended the deceased from 1011 . 19 and that death occurred at M, from the couses and on the dote stated above. 80 ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 3 should 50 TO FUNERAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) Burial Feb.1.1959 Mt. Zion Maryland Rel 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Civilian S. Misua Abingdon, Maryland. DATEB VS A15 (4) 15M 9/55 Doward

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

With his ear.		CERTIFIC	628	
7	Aug. 4, 1901			
		State Form		
		M Berni um kalt III		
3el Air, Marylan	Mrs. Inn Davis	212-09-7743		on
asing faring	irs. no Davis	212-00-7743		
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3el lir, ryan	lrs. Ann Davis	212-00-7743		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 704 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Harford Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) High Point High Paint d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS .= NAME OF Middle 4. DATE Last Month DECEASED (Type or print) DEATH Frank Oliver FORTO January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED T DIVORCED | popers. Male White yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo corbon Farmer General Farming Pleasantville Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Oliver S. Foard move Mary Harkins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 215-36-8099 Russel No Forest 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] 1 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia, terminating 33 DUE TO Conditions, if any, which (6) gave rise to immediate DUE TO cause (o), stating the underlying cause lost. Cerebral hemorrhage CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFI 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) 0. 11. Not while of work of work 21. I certify that I attended the deceased from Feb. 7 OR: ACTUAL SIGNATURE

Willard P. Hudson M.D.

1959

ADDRESS

e. IS RESIDENCE ON A FARM? YES NO

Year

59 19

Min.

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

37 days

PERFORMED? YES NO

(Stote)

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12. CITIZEN OF WHAT COUNTRY?

11

U.S.A.

Months

Reg. Dist. No.

Harford

(County), 19.58, to Jan 11, 19.59, that I last saw the deceased and that death occurred at 4:00 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Centre Forest 240; REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Thank

0 15M 9/55

pode

PHYSICIAN'S

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

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		otad later and the second seco

20c. TIME OF INJURY Month,

COUNTY

NAME OF

5 SEX

SIGNATURE

MOSE

ADDRESS (Street, city or town, state) FIRRETTSVI

22d. LOCATION (City, town, or county)

PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION.

REMOVAL (Specify)

22b. DATE THEREO!

22c. NAME OF CEMETERY OF CREMATORY

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g, REC'D BY REGISTRAR

DATER

24b. REGISTRAR'S SIGNATURE arthur & Kraus

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VS A15 (4)

TO FUNERAL

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	by Truner	d 2 should be	S
within 24 ha	stely filled in	Poges 1 an	
be executed	n ond comple	arbon papers	fter deoth.
oth certificate	ding physicia	ase remove co	in 72 hours o
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AL OR ATTE	L DIMETOR	auld be deto	ar priar to b
TO HOSPIT.	TO FUNERA	poge 3 sh	the registr
VS /	415	(4)	1

	Keg. Dist	. No.
1. PLACE OF DEATH O. COUNTY HAY FORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY to be	0
b. CITY OR TOWN (If outside corporate limits, write. RURA (ond give neorest town) Fallston 9 442	c. CITY OR TOWN (If butside corporate limits, write RURAL and gi	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS Priendship A	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Florence White	Luck 4. DATE Month OF DEATH Jaw-	16 195 9
Temale White WIDOWED DIVORCED	Dee 29, 1888. Joyns. Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
Dever Hill White	larolyn Hella	Cansas.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give war ar dates of service)	tacy R. Guld - Fall	ston rud
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral DUE TO	ascular Occident	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate costs (a), stating the under-lying course lost. (b) Carteria - S C DUE TO (c)	leroses	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO P
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Hour o. m. Tan 16 1939 of work of work	ctory, street, office bldg., etc.)	ford me
21. I certify that I attended the deceased fram. CPTII alive an Jan 14, 19,7, and that death	accurred at 1.3 f. P.M. from the causes and an the	
ACTUAL SIGNATURE Say Mar Vin	M.D. 1201 Cal Vert St Balling - P.	DATE SIGNED
PHYSICIAN'S Lay Martin 220. BURIAL, CREMATION, 225. DATE THEREOF 226 NAME OF CEMETERY OF	P. COCKLADOV LOS	<u> </u>
REMOVAL ISPANIA CHAMACUSTAN 19.1959 Greenwart 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	Belto	(Stote)
Witharehy-Benso	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	MAIURE

Secretary States of the Secretary Secretary		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIVERSION OR: After this certificate has been signed by the attending physician and completely filled in by the annual director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

707

CERTIFICATE OF DEATH

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eq.	Dist.	No.	/	1		1	ľ

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1. PLACE OF DEATH o. COUNTY			MARY	LAND	2. USUAL RESIDENCE (WI	nere decease	d lived. If instituti	on: Residen	ice befo	re odmiss	sion)
	Harford		ment 1		Maryl	and			Ha	rford	3
b. CITY OR TOWN RURAL ond give r Abero		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF a	oulside corpo berdee	milhar a pro-	URAL ond	give ne	arest town	1)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fir Thomas		Middle		Lost Gunther	4. DATE OF DEATH	Mor	ith	22	'	Yeor 19 50
5. SEX	6. COLOR OR RACE		HED NEVER MARRIE		8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	1 YEAR		ER 24 HRS.
male	White	WIDOWI			Mar.17, 187		87 yrs.		Duys	110013	win.
anting most of wo	ION (Give kind of work of rking life, even if retired)	ione 10b.	Owner	R INDU	Harford 14. MOTHER'S MAIDEN N	Co., M		12. CI1		S.A.	COUNTR
unknown					unknown						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. 1	NFORMANT		Add	ress			
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	none	M	iss Bessie Gu	nther	Aber	deen.	Max	rvlar	bc
PART 1. DE 40. / Conditions, if a gove rise to couse (o), storing lying couse lost.	the <u>under-</u> DUE TO	J.	ronary merale brionic	300	Arterio Bronch	itus	clero		ON		DEATH
САТІ					NOT RELATED TO THE TERM			YEN IN PAR	1 1(0)	PERFO	RMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESI	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in	Port I or Port	I II of item 18.)				
20c. TIME OF INJU Hour a. jr. p. m.	RY Month, Day, Yes	While	Not while	20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc	20f. (City	or town)	(6	County)		(Stote)
	ANDRE	deceas 12 19 100	()	death M.D	occurred at	M, fron	sel A	and an t	he do	te state	ed abav
220. BURIAL, CREMATIC REMOVAL (Specify BUTIA)			22c. NAME OF CEME Cokesbur				gdon, Ha		Me	(Stot	
23. FUNERAL DIRECTOR		a A	ADDRESS			D BY BECKE	RAR 24b. REGI	STRAR'S SIG	GNATU	RE	ALL O

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-SALTH ORE, 18

707

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Ell Miners		iyl no.	7 77 77	A STATE OF THE STA		

22c. NAME OF CEMETERY OR CREMATOR

22d. LOCATION (City.

240. REC'D BY REGISTRAR

DATEJAN

(Stote)

24b. REGISTRAR'S SIGNATURE

HOSPITAL FUNERAL 0 VS A15 (4)

3

PHYSICIAN'S NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

death. Page

TOTAL TOTAL STATE OF THE STATE

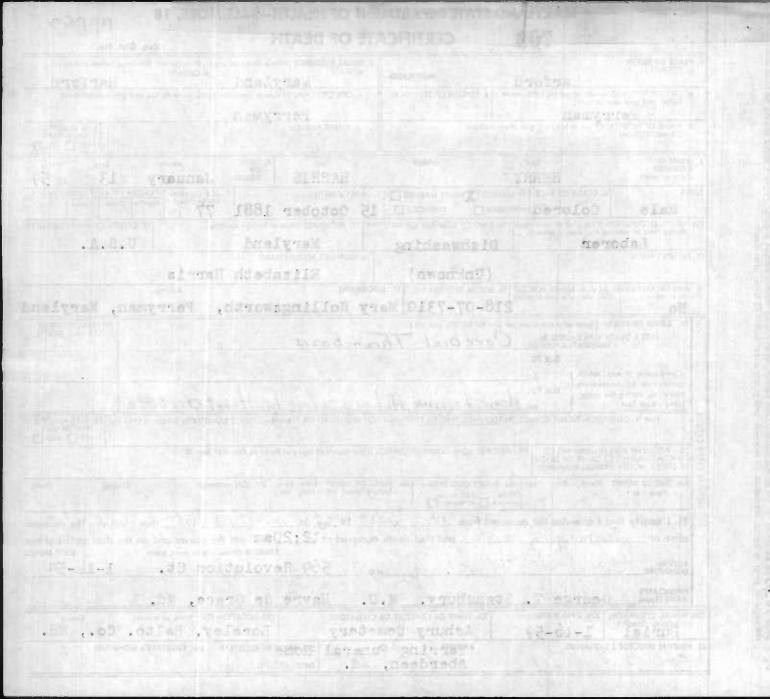
709 CERTIFICATE OF DEATH

00682

	• • •	47							Reg. Dis	it. No.	
1. PLACE OF DEATH				2.	USUAL RESID	ENCE (Wh	ere deceased		tution: Residen	ce befare adn	nission)
	Harfor	ed	MARYL	AND	U. STATE	Mary	rland	b. COUN	11Y	Harfo	ord
b. CITY OR TOWN RURAL and give	(If outside carporate limit		c. LENGTH OF STAY I	N 1b	c. CITY OR T	OWN (If o	utside corpore	ote limits, wri	e RURAL and g	give nearest to	own)
	rryman			>		Perr	yman				
	PITAL (If not in hospital, a	ive street od	ddress)		d. STREET AL		Jugar			ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir HEN		Middle	<u> </u>	Lost HARF	RIS	4. DATE OF DEATH	Janu	Month	Doy 13	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	8. D	ATE OF BIRTH		5	AGE (In ye		I YEAR IF UN	
Male	Colored	WIDOWED	DIVORCED	0 19	Octo	ber	1881	last birthdo	yrs. Manths	Days Hau	rs Min.
10a. USUAL OCCUPAT	TION (Give kind of work	done 10b. KI	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State		entry)	12. CIT	IZEN OF WH	AT COUNTRY
	orking life, even if retired		ishwashir	ace	7	[arv]	land		TT	.S.A.	
13. FATHER'S NAME	02 02				MOTHER'S					4 10 6 x 2 4	-
		(Unknown)		F	1175	abeth	Harr i	9		
IS. WAS DECEASED E	VER IN U. S. ARMED FOR		,	17. INFO					Address		
(Yes, no, or unknown) NO	(If yes, give war or dates of se	ervice)	3-07-7310	1000		ings	worth	_	rryma	n, Mai	ryland
	EATH [Enter only one co	use per line	for (o), (b), and (c).]							INTERVAL ONSET AN	BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Ce	ere bral	Thro	mbo:	515				ONSE! AN	NO DEATH
443X	DUE TO			=	1115	7-11-					
Conditions, if	any, which) (b)										
gave rise la	immediate (DUE TO		1	-			. 1	,)			
tying cause los	g the under-	ille	ertensive	Arte	PID SCI	lenot	Ir He.	art di	sease		
Z PART II. O	THER SIGNIFICANT CON		INTRIBUTING TO DEA							[1(o) 19. WA	S AUTOPSY
PART 11. O				3000						PER	FORMED?
20a. ACCIDENT V	VAS UNDERLYING	20b. DESCR	IBE HOW INJURY OC	CURRED. (E	nter nature of	injury in F	ort 1 or Part	11 of item 18.)			<u></u>
OR CONTRIBUTION	IG CAUSE OF DEATH										
		ar 20d INI	URY OCCURRED	20e PLACE (OF INJURY (H	lome form	20f. (City o	or town)	10	Caunty)	(State)
Hour o. ft	10	While	Not while		street, office			or town,	10	duniyj	(sidle)
₹ p. m	. "	at work [at work								
21. I certify	that I attended the	deceased		33	_, 19_52				27 that I		
alive on	January 12	12 5	9, and that	death ac	curred at]	12:20	2 AM fram	the cause	s and on th	ne date ste	ated abave
	1. 1	- L	()				ADDRESS (Stre				DATE SIGNE
SIGNATURE	Trouge J.	OL	anstrury	M.D.	56	9 Re	volut	tion S	st.	1-14	-59
BUDGICLANIN			1								
PHYSICIAN'S NAME (Type)	George T	Sta	nsbury,	M.D.	Ha	vre	de Gr	ace.	Md.		
22a. BURIAL, CREMAT	ION, 22b. DATE THEREO		22c. NAME OF CEME					ON (City, taw		1S	tate)
REMOVAL (Specif	1-16-50	9	Ashury	Ceme	tery				Balto.	4-	Md.
23. FONERAL DIRECTO			APPErin	o Fur	neral	ZRE PECH	BY REGISTR		EGISTRAR'S SIC		
Your 1	· Jana med		Aberde		6.9		N 1 9 '59				
1 11	- Markettike						TE I ST	7 1 6	7 71 - 0	And the second	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNER. IRECTOR: After this certificate has been signed by the attending physician and completely filled heary the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNER VS A15 (4) 15M 9/55



necessary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is n execute the case, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 shauld be I worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fife page 1 and 2 with the State 8a are its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

1:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00683

Reg. Dist. No.	

	1. !	1. PLACE OF DEATH 2. USUAL RE	SIDENCE (Where deceased lived. If institution: Residence before admission)
	•	o. COUNTY MARYLAND O. STATE	Mad 6. COUNTY House
	Ь	b. CITY OR TOWN (if outside corporate parts, write RURAL c. LENGTH OF STAY IN 16 c. CITY O	R TOWN (If autside carporole limits, write RURAL and give nearest lown)
ž.		Have le Brace 1 hour 12 H	and le Grace
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d, STREET	
		Harford Newvil 14 aprilet / L	ON A FARM?
	3. 1	3. NAME OF LO PICEASED AA First Middle Lo	
	((Type or print) // (NNIE LOULA Ha)-11	SOR DEATH January 17 195
	5. S	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRT	lest high deal
	1	Temale WIDOWED DIVORCED DIVORCED DIVORCED	29 18 14 8 4 yrs. Months Days Hours Min.
	10a.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP during most of working life, even if retired)	LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		HOUSE WIFE HOME NE	B. U.S.A.
	13.	13. FATHER'S NAME	MAIDEN NAME
		UNKNOWN BRIGAS UN	KIVONIN
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
		- The MINN	E SIMPERS ELKTON, MD.
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	The Tank I Interval Between Conset and Death
		PART 1. DEATH WAS CAUSED BY: ASPhixid due	10 1896/1691
1		921.0 DUE TO BASTY MC	TION
		Canditions, if any, which) (b)	
		gave rise to immediate couse (a), stating the underlying DUE TO	
		cause last. (c)	
	8	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	ICATION	5	PERFORMED? YES NO
	55.	1 200, EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of i	njury in Port I ar Port II of item IB.)
			y liner
,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour factory, street, office	(Horne, form, 120f. (City or lown) (County) (State)
-	ME	Hour orm. 1-17 195 7 While Not while factory, street, aftic	e Haved have there Med
	34	21. I certify that I taak charge of the remains described abave, held ar	Autapsy , Inspection , Inquiry , and in my
3		opinion death resulted from: Natural causes [], Accident [X], Suicid	le [], Homicide [], Undetermined manner []
		9 110P1	Ral A : Madate SIGNED
		ACTUAL SIGNATURE LEVELU (Talme M.D. CHIEF	MEDICAL EXAMINER RUP AN AMERICA
		PURAMATERIA /	ANT MEDICAL EXAMINER
			MEDICAL EXAMINER 7-18-57
	-	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stole)
	-	33. FUNERAL DIRECTOR'S SIGNATURE! ADDRESS	IELKION, /ND
	F	DW 1 - WT 11	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	11.	M. Madison / MENELL HAVRE DE GRACE, MD	DAUGAN 20'58 Clathing & House

PRINCIPLE EXCENDING SERVINGERY OF DEATH manufacture and the mount will be represented that the MATE TO BLUE BY

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	678 CERTIFICATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY CEC!
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) HAURE OF ORACE 34 DAYS FERRUVILE 7 X
71	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HARFORD MEmorial HOSP, BOX = 36 e. IS RESIDENCE ON A FARM? YES \(\) NO
	3. NAME OF DECEASED (Type or print) NE the EVELYN HOLLY 4. DATE OF DEATH JANUARY 23 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. AGE (In years lost birthday) WIDOWED DIVORCED 6/8/1898 1898 1998 Hours Min.
\	10. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? All MOTHER'S NAME 14. MOTHER'S MAIDEN NAME
1	13. FATHER'S NAME GEORGE J HOLLY 14. MOTHER'S MAIDEN NAME FIRE CE HAMMOND Address Address Address
	(15 no. or unanown) (11 yes, gree wer or dolar of service) Unburron Mys. Elester M Cleynolds Offers, Ja
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Molastatio Ca. in lever and hugsenton Shronth DUE TO Lymphin actes.
	Canditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Add o carcinoma & Digmoid Color 3 1/re (Had Dinge
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO METERS OF THE PART OF
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work of work of work 19 Not work 19
	21. I certify that I attended the deceased fram DCC, DCM, 19.58, to 1/23, 19.59, that I last saw the deceased alive an 1/23 TCC, 19.59, and that death accurred at 6.35 M, fram the causes and on the date stated above.
	ACTUAL SIGNATURE TO ACTUAL M.D. 21/N. L. L. AUC. 123/5
1	PHYSICIAN'S Edward C. Loo, M.D Havre de Grace, rud 10 An
	220 BURIAL (REMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) 1/26/54 1/26/54 1/26/54
0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LANGE MAN 2 7 '59 DATE AN 2 7 '59 LINE SIGNATURE DATE AN 2 7 '59

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00685 CERTIFICATE OF DEATH 710 Reg. Dist. No. l director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o COUNTY b. COUNTY Harford MARYLAND New York City deoth. unerol b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negret towal Air. 2 weeks pinous d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION
Harford Convalescent Home ON A FARM? YES NO TO NAME OF Middle 4. DATE Last Year DECEASED HOZA MARTE (Type or print) DEATH 1959 Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER LYEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Days Fem. White WIDOWED KT Sept. 11, 1887 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Dress Maker Czechoslovakia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Hoza Stetkarova 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes, give wor or dates of service) 082-22-5796 17. INFORMANT Address No Frank Benisek Belcamp. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH á PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Pnoumonia-hypostatic DUE TO Chr. hypertensive cardio-vascular disease ?? Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the under-Cerebral hemorrhage with left hemiparesist. (9/20-58) lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS PERFORMED? Diabetes Mellitus YES NO F 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I attended the deceased from July 29, 1957, to Jan 1 159, that I last saw the deceased , and that death occurred at 11:20 postern the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL MM.D. Forest Hill. Md. P PHYSICIAN'S NAME (Type Wwillard P. Hudson, V.D. -- Forest Hill. Md 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) reenmound 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 679

CERTIFICATE OF DEATH

00686 Reg. Dist. No.

	Neg. 5/3/, 110.
1. PLACE OF DEATH G. COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ARFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RACKE RECE 18 Ms	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HARLOR Memorial Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clement Morton H	Utchinson 4. DATE Month Day Year OF DEATH PANUARY 19 19 59
5. SEX Ale 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 8 98 9. AGE On years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES EXECUTIVE	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOSHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY, NO. 17. II (Yes, no. or unknown) (If yes, given were of place at service) (YES) (YES)	NFORMANT Hutchingen Darlington Me
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-	Imployte leukema interval between ONSET AND DEATH
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES Y NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while fact of work of wark	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased from May	1948, to Den 19, 1959, that I last saw the deceased
ACTUAL SIGNATURE PHYSICIAN'S	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED 1919
220 DAME (Type) 1 MC PCY PM (TYPE) 22c. NAME OF CEMETERY OF CHAPTERY OF CHAPTE	R CREMATORY PROCED BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
H. Bailen Narlin	JAN 2 6 '59 Orthun & Kraus

VS A15 (4) 15M 9/55

TO HOSPITAL OR

the continue of the second . .

D FUNERAL DINACTOR: After this certificate has been signed by the attending physician and campletely filled in by runeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 flours after deeth. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page the hospital or attending physician. TO FUNERAL DIR. TO HOSPITAL OF

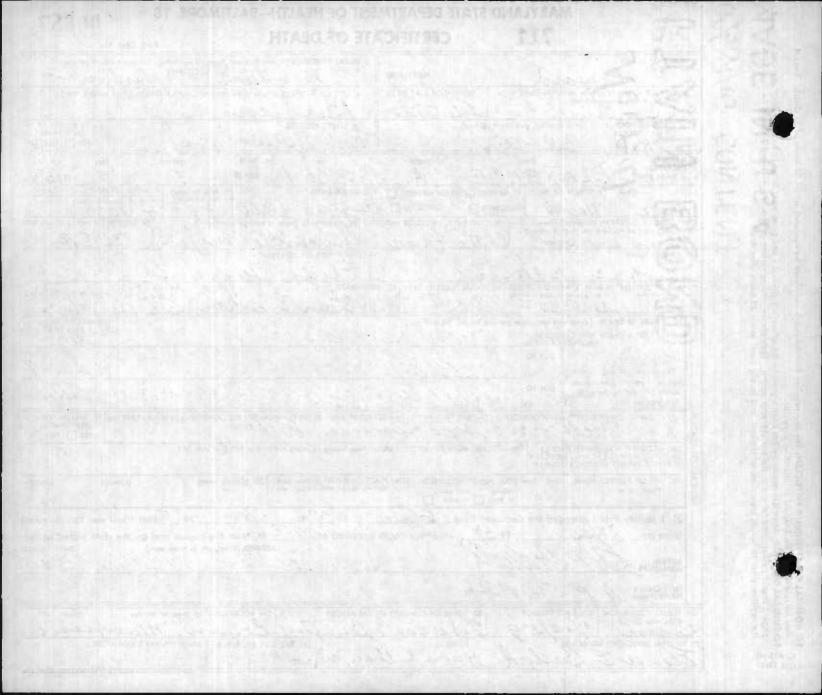
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 711

CERTIFICATE OF DEATH

00687 Pag Dist No

		nag. with	
	PLACE OF DEATH O. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE Maryland b. COUNTY Harf	octore admission)
t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life turned	c. CITY OR TOWN (If butside corporate limits, write RURAL and/give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. D. Ball - G. A.	Rock Soring Tool	e. IS RESIDENCE ON A FARM? YES NO TO
E	NAME OF DECEASED (Type or print) C / A RENCE A	JACKSON 4. DATE Month OF DEATH	Day Year 8 1959
5. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		AR IF UNDER 24 HRS.
100.	O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, eyen if retired)	STRY A BIRTHPLACE (Stote or foreign country)	N OF WHAT COUNTRY?
13.	FATHER'S NAME WORKEN GARDEN GARDEN	14. MOTHER'S MAIDEN NAME	2.37/~
	WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL SECURITY NO. 17. "WAS DECEASED EVER IN U. S'ARMED FORCES? 16. SOCIAL SECURITY NO. 17. "Was U Was U Was T 2/8-30-62.07 M	INFORMANT AND E. Jackson Bel- de	oring Rd
9	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	p. facture	NTERVAL BETWEEN
	Conditions, if ony, which) DUE TO MULLIMOTE (b)	ila.	2 days.
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Apollulate	of Malyna et hypertension 8 pm	6 days
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	PERFORMED?
CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE NOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)	
MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (Courtory, street, office bldg., etc.)	nly) (State)
	21. I certify that Lattended the deceased from alive on 8 4 and that death	1 6 0	saw the deceased
	ACTUAL SHE SHE SECULULA	ADDRESS (Street city or town, stote)	DATE SIGNED
	PHYSICIAN'S A. P. SIDWELL		
220.	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REMOVAL (Specify) 1/2/59 Jahernack	OR CREMATORY 22d. LOCATION (City, town, or county) Cernetury Berson: Man	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE Rullock Havedel	lace, Wed DATEJAN 1 3 '59 Curtury & A.	HURE



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00688
1		680 CERTIFICATE OF DEATH	Dist. No.
	3.	PLACE OF DEATH O. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution Residence) O. STATE D. COUNTY b. COUNTY	dence before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL and give nearest lown) RURAL and give nearest lown) CRECE HR. DELTA 75	nd give neorest town)
in I	1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HORORIAL HOSPITAL ALN ALN	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print) SUSAN ANN KIGGRE 4. DATE OF DEATH JAIV.	Doy Yeor 21 195
	5.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) WIDOWED DIVORCED May 25.1958 9. AGE (In years left world) Month of the property of the proper	DER 1 YEAR IF UNDER 24 HR
	100	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	CITIZEN OF WHAT COUNT
)	13.	FATHER'S NAME OSCAR S. KilgORP HUDREY	wiley
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address on no. or unknown) (If yes, give war or dates of service) OSCAR KILGORE, DELTA, I) A .
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TOTAL CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
		57/.0 DUE TO	
		gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	
0	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO [
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. While Not while of work of two of work of two	(County) (Stot
		21. I certify that I attended the deceased from 11 25, 19.58, to 19.57, that alive an 19.57, and that death accurred at 7.41M, from the causes and an	I last saw the decea
		ACTUAL SIGNATURE POINT BORTHY M.D. FUREST HILL	MD. Jan 211
1	-	PHYSICIAN'S ROBERT BARTHEL	
	220	O. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coun PURIAL Specify) 1-23-59 PINE GROVE SUNNYBURN,	ORK COLL PA
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S CONTINUE DATE JAN 2 6 '59 ONTHER	
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CERTIFICATE OF DEATH the backering and the state of the property of the state of the 4 4 9 NEW CONTROL OF THE PARTY OF THE the second second second second THE PROPERTY AND LOSS CO., LANSING MADE AND ADDRESS OF THE PARTY. THE PERSON NAMED IN COLUMN TWO 三つーサリル

681 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Hayford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If butside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give regrest town) A HALL AT MARCH.	c. CITY OF TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAN (If not in hospital, give street address) OR INSPITUTION MEMBERS HALL MANAGERIA	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) William Middle Thomas	Last 4. DATE Manth 13 Day Year DEATH JON 13, 1959
male white WIDOWED DIVORCED	8. DATE OF BIRTH Qu 90 29, 1877 8. AGE In years Anoths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDU during most af working life/even if refired) Farm Hand Farm	Maryland 4.2.A.
13. FATHER'S NAME	Jennie Lynch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 [If yes, 6 ve wor or dates of service]	who Syle - xon Colora, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITON	TIS INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate	BLADDER - PELVIE ABSCESS PROSTATIC HYPERPLASIA
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)
	Chapel Cem. Conowingo, (State) Ma
23- FUNERAL DIRECTOR'S SIGNATURE Mullen Rising Su	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ATTHUM S. Huma

requires that the death certificate be executed within 24 hours after death. Page 4

GTOR: After this certificate has been signed by the attending physician and campletely filled in by Truneral director, detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with

page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paps the registrar prior to busial, cremation, ar remaval, and in any event within 72 hours-after death.

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			CONTRACT VERSION AND ADDRESS.

ADDRESS

240. REC'D BY REGISTRAR

DATE AN 2 3 '59

24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

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physician

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AND THE PROPERTY OF THE PARTY O		September 1

683 **CERTIFICATE OF DEATH**

00691 Reg. Dist. No.

		1. PLACE OF DEATH O. COUNTY ARYLAND 2. USUAL RESIDENCE O. STATE	GE (Where deceased lived. If institutions Residence before admission)
	L	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) A CITY OR TOWN C. LENGTH OF STAY IN 1b C. CITY OR TOWN A	(N (If outside corporate limits, write RURAL and give nearest town)
	9	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	IS RESIDENCE ON A FARM? YES NO
	1	3. NAME OF DECEASED (Type or print) Elizabeth Sarah Lit	He 4. DATE AMONTH Day Year DEATH ANDRY 30 1959
	5.5	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Tennale White WIDOWED DIVORCED JULY 19/	9 8 9 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
i	10a	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during most of working life, even if retired)	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. S. A.
1	13.	13. FATHER'S NAME Curry SARAH V	DEN NAME CANTLER
/	15. (Yes	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) Ith yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 18. NATALLE	F. Pyle HAVRE DE GRACEMO R. DIT!
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 332 IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (o), stating the under: DUE TO DUE TO DUE TO DUE TO	interval Between onset and Death
)	CERTIFICATION	lying couse last. (c) Called Call	ETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
			ury in Port I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark of twork 20 twork 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory, street, office bld	
		21. I certify that I attended the deceased from 12 1 to alive on 12 10 10 10 10 10 10 10 10 10 10 10 10 10	M, from the causes and on the date stated above. A ADDRESS (Street, city ar town, state) June 1 S. UN CAA UN CARE 31/5
-	220	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (Stote)
	23.	BURIAL Fet. 2,1959 ANGEL HILL CEM 23. FUNERAL DIRECTOR'S SIGNAPURE - ADDRESS 246	HAVIPE DE GRACE MO REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	11	1 91 1 91 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEB 3 159

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00692

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Harford Harford Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) end give nearest town) Joppa Joppa d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DECEASED Middle 4. DATE First Lost Month Yeor 28. 1959 (Type or print) William J.H. DEATH January Lvons 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS. Months Hours Min. WIDOWED [Male white DIVORCED | Nov.21.1931 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Metal Worker Automobile U.S.A.. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jess A. Lyons Elizabeth Porter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 216-28-9181 Mrs. Elizabeth Anderson, Joppa, Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Artery Sclerosis with Coronary IMMEDIATE CAUSE (0) DUEXOC Thrombosis of Left Anterior Descending Artery Conditions, if ony, which gave rise to immediate couse DUE TO (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour Not while of work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy 27, Inspection . and in my opinion death resulted fram: Natural causes 12 Accident | Suicide | Hamicide | Undetermined manner January 29, 1959 ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Russell S. Fisher, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. tOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Jan. 31.1959 Trinity Lutheran Joppa, Harford, Maryland. 23. POWERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthun & Abingdon . Maryland .

Nov.21,1931 U. U Marylend alidomotile restro i f J M aliz beth corter Jess A. Lyons 710-73-9181 Mrs. Mizabeth Anderson, John Maryland Jan. 31,1359 Trinity Lutheren Jours, beriord, berylend. I Imi E

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00693 **CERTIFICATE OF DEATH** Reg. Dist. No with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed b. COUNTY MARYLAND 40 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN(If outside corporate limits, write RURAL and give nearest town) ee RURAL and give nearest town Pla d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO NO NAME OF Middle 4. DATE First Month Yeor DECEASED OF DEATH Januar (Type or print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) DIVORCED T WIDOWED [popers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death oug carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LLSWORTH 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH CEKEBRAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO by Conditions, if ony, which signed gave rise to immediate DUE TO VILAL INFECTION (? PREUMONIA couse (a), stating the underlying couse lost burial-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m While Not while of work of work 21. I certify that I attended the deceased from JAN. 14 1959 tas 14, 19 That I last saw the deceased and that death accurred at 11.201M, from the causes and an the date stated above TOR ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) TEMOVAL (Specify)

ADDRESS

FINNA.

24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR

VS A15 (4) 15M 9/55 BURIA

23. FUNERAL DIRECTOR'S SIGNATURE

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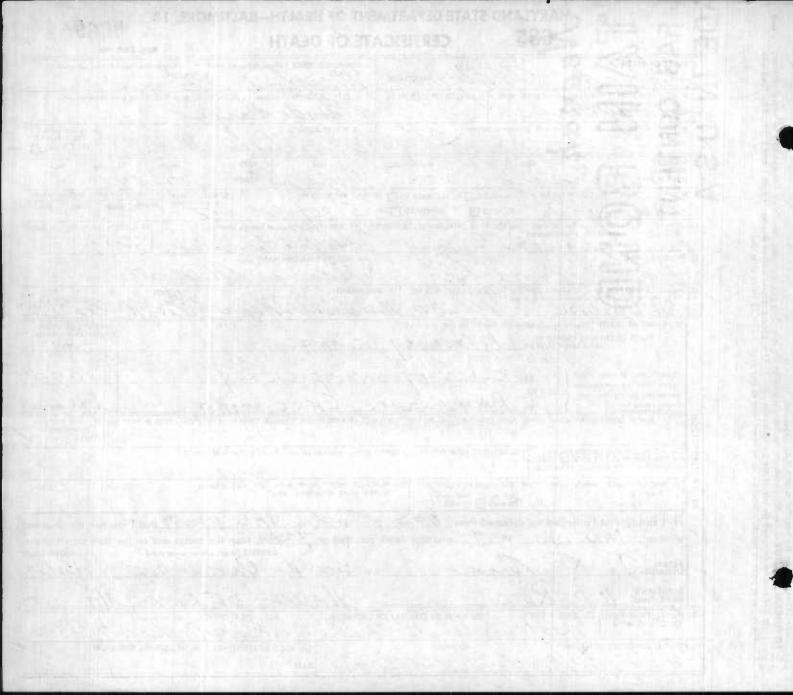
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PERFORMED? YES NO TO

(State)

DATE SIGNED

Hours



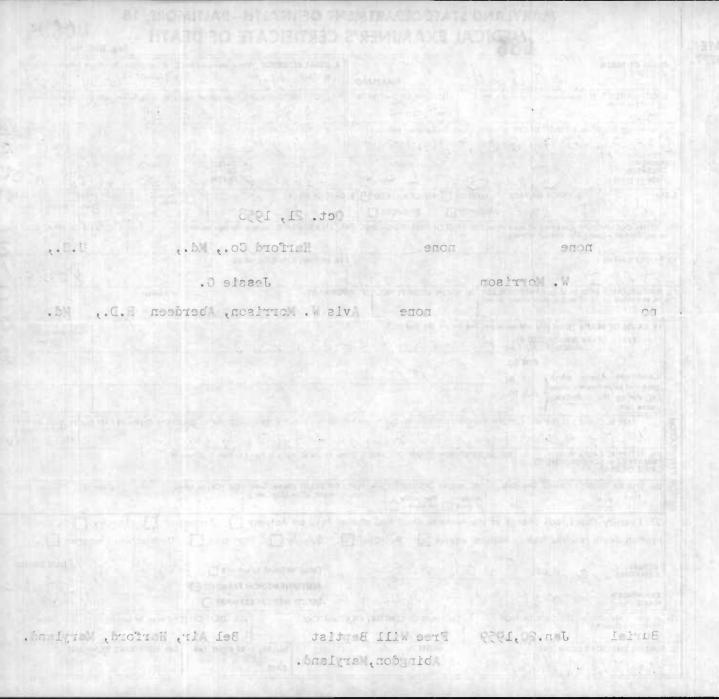
Rea. Dist. No e. IS RESIDENCE ON A FARM? YES NO K Day Year 19 IF UNDER TYFAR IF UNDER 24 HE Months 12. CITIZEN OF WHAT COUNTRY? U.S. Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NOTO (County) (State) Inquiry and in my Undetermined monner

LATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE

Cironal & Travel



execute the contract, writing the ward 4 shauld be the caded to the Chief Mec TO FUNERAL DIRECTOR: Page 3 shauld b or its designated agent, prior to burial, TO DEPUTY MEDICAL EXAMINER: This ce

VS. A15ME 5M 2/57

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1	FIE	O	R	ST	D
Sory, please	ttor. Page	Jour files.	e used as a burial-transit permit. Effe pages 1 and 2 with the State Board of Health		M
ny delay is no	the funeral	be retained to	the State Bao	iter death.	
or death. If a	, 2, and 3 ta	Page 5 may	1 and 2 with	cremation, ar removal, and in any event within 72 hours after death.	
24 hours afte	Give Pages 1	form PM3.	Erfe pages	my event with	I
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ould be exe	in pencil i	niner's Offic	a burial-tra	n, or remov	
rtificate sh	"pending"	dical Exam	e used as	crematio.	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

687 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

		o. COUNTY Hayre MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b	c. CITY OR TOWN (if ausside corporate limits, write RURAL and give nearest lown) The defect of the control of	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
7	d	DOA Itamford Menul Hypertal	d. STREET ADDRESS 82 Ellston Pool YES \(\) NO \(\)
	(NAME OF DECEASED (Type or print) New ell Middle	- 104 d January 6 1959
	5. S	Place White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years least birthday) 1-16-1917 9. AGE (In years lift UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
	d	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES and street of business of working life, even if retired)	
		Sales Mgr Education	Vermont U.S.A.
		Guy Newell	Marion Goneo
	15. Yee,	WAS DECEASED EVER IN U. S. ARMED FORCES? (It yes, give war at dates at service) (It yes, give war at dates at service) (It yes, give war at dates at service)	Velma Newell 821 Elkton Road
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	mented hacture skull onser AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last. (b) DUE TO (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (***)
	_	CAUSE OF DEATH. And accident	(Enter noture of injury in Part I or Port II of item 18.)
,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. L. Hour p. m. 197 White at work of work 197 of work 197 M	ACE OF INJURY (Home, form, 201, (City of lown) (County) (State)
		21. I certify that I took charge af the remains described ab	ove, held an Autopsy 🔲, Inspection 🔯, Inquiry 🔲, and in my
		opinion death resulted fram: Natural causes . Accident	K, Suicide , Hamicide , Undetermined manner
		ACTUAL SIGNATURE LEVALU C Palmer	_M.D. CHIEF MEDICAL EXAMINER Be/A: 1- Mel DATE SIGNED
2		EXAMINER'S COTOLA C Palmen-1	ASSISTANT MEDICAL EXAMINER D
	220	Burial (Specify) Burial 1-10-59 East Brookf	
	23. 7	FUNERAL DIRECTOR'S SIGNATURE #1297 ADDRESS	ark, Del DATEJAN 1 2'59 Cuthun S. Kraus

American State of the State of

00697

1	613	CERTIFICATE OF I	DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Harford	O> STATE	h COUNTY	
	RURAL and give nearest town)	1 -		
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	DEATH IT HARTOR MARYLAND O. STATE MARYLAND O. COUNTY HARTOR O. COUNTY Month O. COU		
PLACE OF PEATH O. COUNTY Harford MARYLAND DISUNAL RESIDENCE (Where decreased lived. If institutions. Residence before adminisor) on STATE Maryland Harford Harfo	21 -1			
	PLACE OF DEATH COUNTY Harford MARYLAND Description Harford Har			
	during most at working life, even if refired)			12. CITIZEN OF WHAT COUNTRY?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE 1793, no. or unknown) (If yes, give wor or dates of service)	CURITY NO. 17. INFORMANT	Addr	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) P9, 2 DUE TO Conditions, if any, which any erise to immediate	(b), and (c).]		INTERVAL BETWEEN
)	lying couse lost. (c)			PERFORMED?
		while foctory, street, office	Home, form, 20f. (City or town) a bldg., etc.)	(County) (State)
	alive an 125, 19, 19, 19, 59,		ADDRESS (Street, city or town, s	nd an the date stated above.
1	PHYSICIAN'S William A. T	4504	1	Jan. 21, 1959
	REMOVAL (Specify)	nity Lutheran	Joppa, Harf	county) (Stote)
	23 JUNERAL DIRECTOR'S SIGNATURE ADDI		240. REC'D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE

TO FUNER LIBRATION: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. eath. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OF

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	- 3						Reg. Dist	. No.	
rford		MARYLANG	I O STATE	1000		l lived. If instituti b. COUNTY			ssion)
est tawn)	, write	c. LENGTH OF STAY IN 11 Lifetime	c. CITY OF	R TOWN (If or	utside corpoi				∾n)
(If not in hospital, giv	e street o	ddress)	d. STREET	ADDRESS				ON	A FARM?
fint John		Middle T			4. DATE OF DEATH			Day 3	Year 19 59
							IF UNDER 1		DER 24 HRS.
lite, even it retired)	10b. K		. Ma	gnolia			12. CITI2	U.S.	
ac R Oakl	17.0								
U. S. ARMED FORCE	ES? 16. S		. INFORMANT					Maryla	nd.
DUE TO which bediate bunder DUE TO which conditions are conditional conditions.	Co	engestr	ie Hear	x Fa	ilu	el:	est.		
	(Usstuce	Awe a	iny	Aly.	sem	EN IN BART	PERF	AUTOPSY ORMED?
CAUSE OF DEATH DICAL EXAMINER)	Ob. DESCI	RIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in P	ort I or Vart	II of item 1B.)			
Month, Day, Year	While	_ Nat while _	PLACE OF INJURY factory, street, offi	(Home, form, ice bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stote)
I attended the c			, 19 5 ith occurred a M.D. Bo			the causes o	ind an the	e date sta	
Louis Keh	an.				Edge	ood Mam	rland		
Louis Kah		22c. NAME OF CEMETERY	OR CREMATORY			ood, Mar		(Ste	ote)
	(If not in hospital, given the property of the	UNDERLYING CAUSE OF DEATH COLOR OF D	Uside corporate limits, write est fawn) Rest fawn) Lifetime (If not in hospital, give street oddress) First Middle John T. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORC	which of the course per line for (a), (b), and (c). INFORMANT PRESENCE OF DEATH POLICAL EXAMINER) MARYLAND O. STATE O. STATE O. STATE O. STATE C. CITY OF C. CI	which corporate limits, write est town) A Lifetime C. CITY OR TOWN (If o control of town) A Lifetime Maryland C. CITY OR TOWN (If o control of town) A STREET ADDRESS A	MARYLAND Wilde corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate est town) Lifetime Magnolic (If not in hospital, give street oddress) First Middle Lost A. STREET ADDRESS Magnolic John T. Oakley DEATH C. COLOR OR RACE First Middle Lost Oakley DEATH DEATH Mar. 26, 1888 (Give kind of wark done glife, even if relired) T. Engineer WIDOWED DIVORCED DIVORCED Magnolia 14. MOTHER'S MAIDEN NAME Laura T. Crouse N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. I [Enter anly ane cause per line for (a), (b), and (c).] WAS CAUSED BY: MMEDIATE CAUSE (a) Which DUE TO Which Company of the form of the period of t	whide corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) c. CITY OR TOWN (If outside corporate limits, write Rest Town) d. STREET ADDRESS Magnolia d. STREET ADDRESS Month Port Of Death Jan Jan	MARYLAND Compose Comp	MARYLAND MARYLAND DISTANCE MARYLAND C. CENGTH OF STAY IN 1b Lifetime Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) V. S. ARE (if not in hospital, give street oddress) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) V. S. ARE (if not in hospital, give street oddress) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) V. S. ARE (if not in hospital, give street oddress) A. STREET ADDRESS C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) V. S. ARE COLOR OR RACE 7. MARRIED NORTH Maryland A. DATE OBLEY Months Day Y. A. GE (in year In year In STREET ADDRESS O. STREET AD

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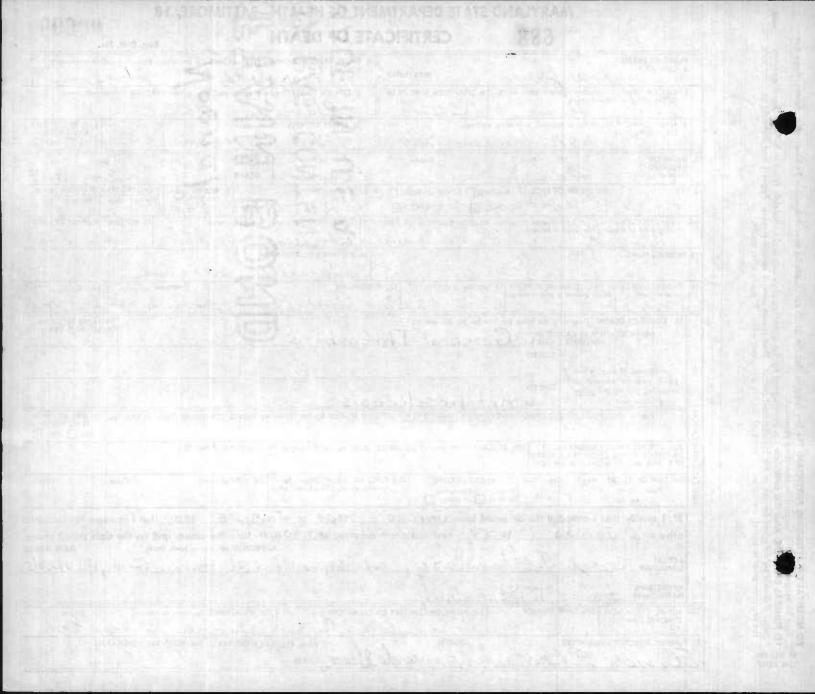
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 688

CERTIFICATE OF DEATH

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-		keg. Dist. 140,
	PLACE OF DEATH O. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Daryland
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dave de Grace Litture	c. CITY OR TOWN (If obtside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 418 N. Freedom St.	d. STREET ADDRESS 418 N. Freedom St. e. 15 RESIDENCE ON A FARM? YES NO NO
	NAME OF DECEASED (Type or print) Sarah Middle	Placo de Month Day Year De Month 24 1959
5.	Jemele 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 Jemele Negro WIDOWED DIVORCED 1	8. DATE OF BIRTH 9-24-1874 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
L	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Family	TRY 11. BIRTHPLACE (State or foreign country) Aberdeen, md. 12. CITIZEN OF WHAT COUNTRY?
3.	3. FATHER'S NAME ? Taylor	Harriett French
	(es, no or unknown) yes, give wor or dates of service	N. Lloyd Peaco, Have de Grace, md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c) Arterio Sciero	rom bosis Interval between onset and death
CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
). (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED FLA While Not while of work of or work	CE OF INJURY (Home, farm, 201. (City or town) (County) (State) lary, street, office bldg., etc.)
	Total of	occurred of 7:30A.M. from the couses and on the date stated obove. ADDRESS (Street, city or town, state) DATE SIGNED A.D. 569Revolution St., Havre de Grace, Md. 1126/5
220	RO. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 1-27-59 St. James a.	M. E. Cenetry Stave le Grace Ind.
23.	Elmer E. Bullock Havede	Shace DATE 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
689	CERTIFICATE	OF	DEATH	

00700

Red Dist No

	Neg. om, ne.
1. PLACE OF DEATH O. COUNTY MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR HISTIAUTION OR H	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Para	Phillips 4. DATE Month Day Year J. 1959
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED D	1 Nov 1882 (adjusteday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	md. J. J.
13. FATHER'S ANAME / Inomas Spanned Stateet	Mary durham
(5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [If yes, give wor or dotes of service]	Florence Regel-daught- Farest Hell, Mid
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Conspensation Interval Between ONSET and DEATH
Conditions, If ony, which) DUE TO Atteriosclero	tic Cardiovascular Disease?
gove rise to immediate couse (a), stating the under-lying couse last. DUE TO	
10-2 al bastati- pri	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\bar{\text{B}} \)
	RRED. (Enter nature of injury in Port I ar Port II of item 18.)
	PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) (City or town) (County) (Stote)
21. I certify that I ottended the deceased from the alive on that deceased from the	ath occurred at 10 A.M. from the causes and an the date stated obave.
ACTUAL SIGNATURE SUPPLIES ACTIONS	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) M.D. 21/ N. Alexan Ave
PHYSICIAN'S Ediched C. Loo M	1) Havre de Eprace und 10/11
220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETER Sucress 12, 1959 CLG Bilic	y or dematory, 1 22d tocation (city rown, or county) (Stole) Respective to large (Stole)
23. ELINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REC'DEY REGISTRAR 24b. REGISTRAR'S SIGNATURE - ELL JOAN 1 5 '59 Coving & 50

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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And Commonweal Common Annual C	T Vendensen	no lau	
	all regarded to the		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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NAME OF THE PARTY OF				

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00703 Rea. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

BEI Ar. md.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES T

NO I

(Stote)

12. CITIZEN OF WHAT COUNTRY?

29

Days

Co. HomE

(County)

1959, that I last saw the deceased

Months

E. IS RESIDENCE

ON A FARM?

YES NO T

Year

1959

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND noryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 4 EATS Air Rural - Harford County Rural d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Toll Gate Koad HAR Ford County Home NAME OF First Middle 4. DATE Last Month DECEASED ANIF (Type or print) DEATH PRUBTU 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) MALE WIDOWED T DIVORCED T 6 YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. NONE mornipud NONE after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Elizabeth Bondly 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Mrs. Clark E. Fitzpatrick NO Toll GATERd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO any Conditions, if any, which (b) gove rise to immediate in DUE TO cause (a), stating the underpuo lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) g. f). While Not while at work at work p. m.

21. I certify that I attended the deceased from ACTUAL

and that death occurred at 3P

__M, fram the causes and on the date stated above ADDRESS (Street, city or town, state)

DATE SIGNED

(Stote)

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION. REMOVAL (Specify)

22b. DATE THEREOF Jan. 30,1959 22c, NAME OF CEMETERY OR CREMATORY Harford County Home CEMETERY

22d. LOCATION (City, town, or county)

Ind. 24b. REGISTRAR'S SIGNATURE

23 FUNERAL DIRECTOR'S SIGNATURE

Burial

W. Brondway + williams St BEI Air, Many land

24a. REC'D BY REGISTRAR DATEFER 2 59

0 VS A15 (4) 15M 9/55

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		A Management Inc.	BOOK CONTRACTOR AND A STATE OF THE STATE OF
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		Section (Committee)	escond and histories in all yithin 1.00
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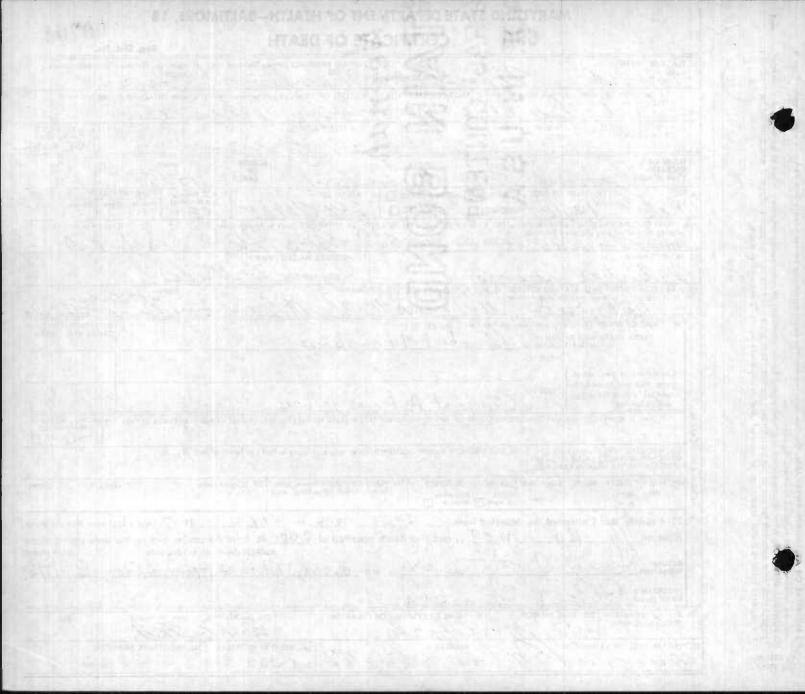
VS A15 (4) 15M 10/57

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ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
690	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

	Keg. Dist. No.
PLACE OF DEATH Maryamanyand	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY C
b. CITY OF TOWN (If outside corporale limits, write SENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAX and give nearest lown)
1 Amidi Thace Mg 20 yrs	1 tanide Clace 24
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 4/7 Hodge e. IS RESIDENCE ON A FARM? YES \ NO \[\begin{array}{cccccccccccccccccccccccccccccccccccc
3. NAME OF DECEASED (Type or print) James Peter DeceaseD	none DEATH 1/5/69 19
5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED DIVORCED	8. DATE OF BUTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even it retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Hanna T. Milly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address 17 Ladge Martha M. huomony He will be well
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	rombesis Interval Between Onset and Death
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c) Cere by al At Lea	riosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (Stole)
21. I certify that I attended the deceased fram	7 , 1954, to 1/4 , 1959, that I last saw the decease
ACTUAL (1 7 At	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) DATE SIGNE M.D. 569 Revolution St. Havrd Gay Md. 11715
PHYSICIAN'S GEOVOET. Stans bury	M.D. Stag Keno lution St., Harred Groy, Md. 117/5
220. SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CORESPONDED	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



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			Oracle Service
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Million Day Holl La	rate and a second		

After this this

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registrar within 72 hours after death. by the funeral director, the third cap

with the I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Re

713 CERTIFICATE OF DEATH

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g. D	ist. No	
CEA	BED	
Ha	arford	
d give	neerest town)	
ir		
location	on)	
h)	(Day)	(Yaar)

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF D	ECEASED		
COUNTY Harford	MARYLAND	STATE Maryland	COUNTY	Harford	1	
CITY (If outside corporeta limits, write RURAL	LENGTH OF STAY	CITY (il outside corpore				
OR end give nearest town) TOWN	(in this place)	OR TOWN _				
HOSPITAL OR	20 years	Rural	Bel			
INSTITUTION OR	ACCOUNT CALL	STREET ADDRESS	(II turel gir	ve location)		
STREET ADDRESS		Gibs	on			
3. NAME OF (First) (N	Aiddle) (Last)	4. DATE (Mo	nth) (Day)	(Yaar	1)
(Type or Print)	The Thirt	-3	OF DEATH .	and the same	40	40
S. SEX 6. COLOR OR 7. SINGLE, MARRIED	AVA Rh	odes	AGE lest birthdey	ANUATY 1	19 LIF UNDER :	59
RACE WIDOWED, DIVO				Months Days	Hours	Min.
Female White Married	January	15,1893	65 yrs.			
done during most of working life, even if OR I	OF BUSINESS 11.	BIRTHPLACE (State or foreign	country)		EN OF WHA	T
relired) Housewife		North Carolin	าล	17.5	SA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
Floyd Wood		Deame J. Ba	aldwin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT & AD				
(Yas, no, or unk.) (If Yas, give wer or datas of service)		ma and F	Disales Di	77471	1 1/2	
140	18. MEDICAL CERTI	FICATION .	Rhodes, Fo		ERVAL BETW	KENI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		. 10411011			ISET AND DE	
444 X IMMEDIATE CAUSE (A)ACU	te pulmonary ed	lama terminati	ng D	15	minute	Q
ANTECEDENT CAUSE(S) DUE TO		Disease			ALLEA LA	
DISEASES OR CONDITIONS. IF ANY. (B) Chron	Le cardio-vascu		rtansion 8	and 5	years	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO		Variation 1	· ·		Jears	
STATING CAUSE EAST.	ic decompensat	don				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rre decombatisati	-10H+				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
196. DATE OF OPERATION 196. MAJOR FINDINGS O	F OPERATION			2	O. AUTOPSY	/?
				YES	NO	1
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, 21c.	WHERE DID INJURY OCCUR?	(City or town)	(County)	(State)	
		. HOW DID INJURY OCCUR?				
White M, at wor						
22. I hereby certify that I attended the decease	ed from Jan	19 53 to Jan	7 10 EO	that I last sa	see the select	
alive on Dec31, 1958, and 1	that double assured at T	0.00		, Illai i iasi sa	iw life dec	eased
SIGNATURE	mai deam occurred al.2		uses and on the cases (Street, city, low			CALED
Willand P. Whed	Sou M.D.	ADDA			DATE SIC	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OR CR	EMATORY	Forest Hi	n, of county)	(S	late)
Burial 1/3/59	Oak Grove Bap	tist	Bel Air,	Marvland		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Carlo Bab	25. FUNERAL DIRECTOR'S SI	GNATURE	ADDRES	S	

PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed win TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. The bottom copy may be retained by the hospital or attending physician. ATTENDIN 2

REC'D BY REGISTRAR

E. L. MA

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

HTASO TO STADISTISSON witte in emeal of the delication are as a short of the state of united by the grand in a class a charmade considerante at the hypertheaders a find the hypertheaders at the considerance . Holife and the contraction The state of the s the same becomes in and a 20001 - proper that he was a 12 to 10 to 281, Septemble, 181, 1118 April 189 PORCHASE, THE SECOND

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

691 CERTIFICATE OF DEATH

	031				Reg. Dist. No	0.
1. PLACE OF DEATH a. COUNTY	rford	MARYLAN	a. STATE YAL.	/here deceased lived. If ins b. COU	INTY Alasta	rd
RURAL and give no	· Chare	Lefetime	6. CITY OR TOWN (IF	outside carporate limits, we	rile RURAL and give no	earest fown)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street A Memori sel	Aspetal	213 M. Stol	bes Street		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Clarence	Middle	hard on	4. DATE OF DEATH	Month D	7 19 59
s. sex	6. COLOR OR RACE 7. MAI	WED DIVORCED	april 5,1			R IF UNDER 24 HRS. Haurs Min.
	ON (Give kind of work dane 10th ing life, even if retired)	ELY-Empl	yed Have d	e or fareign country)	rud 21	S, A
13. FATHER'S NAME Robes	A Richa	rdsow	14. MOTHER'S MAIDEN	is Sher	idan	
	R IN U. S. ARMED FORCES?	S. SOCIAL SECURITY NO.	7. INFORMANT Mr. En gene	Richards	Address 5655	of Clair S
	TH [Enter anly ane cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	line for (a). (b). and (c).]	eart Failure		Or IV.	TERVAL BETWEEN NSET AND DEATH
Canditians, if an gave rise to in cause (a), stating the lying cause lost.	mmediate (Dus TO	pertensive-Ar	litus teriosclerotic	Heart disea	se	
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM			19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I ar Part II af item 18	i.)	
20c. TIME OF INJURY Haur o. m. p. m.	Whil		PLACE OF INJURY (Hame, for factory, street, affice bldg., et		(County	(Stote)
21. I certify the alive on	at attended the deced 1/27 19 Forse J. St	200.63	. 19.5%, to 1, ath occurred at 12:00	ADDRESS (Street, city or the	town, state)	
PHYSICIAN'S NAME (Type)	Teorge T. St	ansbury				
220. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREOF	St. Jame	or Crematory	Have de	wn, or county)	(Stote)
23. FUNERAL DIRECTOR'S	S SIGNATURE EBullock	Harrede)	Glace med DATE	D 0 1E0	REGISTRAR'S SIGNATURAL STATEMENT & HEART	URE

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692 **CERTIFICATE OF DEATH**

00708 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Harfor	col_	MARYLAN	II a STATE	CE (Where deceased li	b. COUNTY	side/ce before	odmission)
		rce.	c. LENGTH OF STAY IN	101/	'N (If outside corporat	e limits, write RURAL	ond glye neare	st town)
1	d! NAME OF HOSPITAL (IF OR INSTITUTION	Monoral A	Joseps fal	734 C	Itsego S	7.		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Olivia	Middle	Richardson		Ganua		Year 1959
	Jemale 7	egro widow		7-12-	1893	AGE/In years IF UN last/birthday) Mon		Hours Min.
1)	On. USUAL OCCUPATION (G during most of working li		esapeake H	etch Hurs	Stote ar fareign count	Jud 12	2. CITIZEN OF	WHAT COUNTRY?
/	13. FATHER'S NAME LOYD	Richards	on	Elina	ibetto	Bruse	w	
H	15. WAS DECEASED EVER IN L (Yes, no. or unknown)	J. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Man Lewi	us V. Riche	erdoen -	Havrel	Succesar
	PART I. DEATH W	EDIATE CAUSE (a) L.C	1 /	leart Failur	e		INTER	VAL BETWEEN T AND DEATH
	Canditians, if ony, we gave rise to immediate (a), stoting the use last. Part II. OTHER SI.	DUE TO	ertensive - Art				I PART I(a) 19.	WAS AUTOPSY
3	ICATIC							PERFORMED?
		CAL EXAMINER)	CRIBE HOW INJURY OCCU	KKED. (Enter nature at inj	ury in Port I ar Part II	of rem 15.)		
	Y 20c. TIME OF INJURY M. Hour a. m. p. m.	onth, Day, Year 20d. I While at war	Not while	PLACE OF INJURY (Hom factory, street, affice bld		r town)	(County)	(State)
	21. I certify that I	attended the deceas		10 , 19 63 h	co Nova from			
1	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ye J. Sta	nslury,	M.D. Starkers	ADDRESS (Stree	et, city ar town, state)		DATE SIGNED
		26. DATE THEREOF 1-10-59	22c. NAME OF CEMETER	es Cemeter	my Hai	ON (City, town, or cou	Jan Sin	(Sidio)
	Elmer 7	Bullak	Haved	- Ule - Wall	TE JAN 1 3 '59		S. Kenne	

may be retain the hospital or ottending physician.

2 FUNERAL DIACTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page A TO HOSPITAL OR may be retain TO FUNERAL DIS

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	at all but in the state of the

MADELLAND STATE DEPARTMEN

TO HOSPITAL OF TO FUNERAL DIP 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 693

CERTIFICATE OF DEATH

00709 Reg. Dist. No.

	1. F	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	°	COUNTY HARFORD MARYLAND	O. STATE MA B. COUNTY HARFORD
	k	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	14	AURC de SIRACE 19 days	X Ahanderd
H	11	I. NAME OF HOSPITAL (If not in hospital, give street address)	/ d. STREET ADDRESS o. IS RESIDENCE
	1	TARFORD GEOGRIAL Hospital	RD# / ON A FARM? YES NO
	3	NAME OF First Middle	
	1	SECEASED Type or print) Texteude	Sambson Day Year Month Day Year DEATH January 30 1959
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	emale whole widowed or DIVORCED OF	An 6 9 / St birthday) Months Days Hours Min.
۲	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	1	Howevery Wittom	Me Harland y US &
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	Lewis Wennam	annix Mitchel
1	15.		NFORMANT POLICE AND Address
	Ites	ngther unknown) It yes, give wor or dotes of service) 16-05-3/	5 P BBN 186 Israndaship
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	iliotius (convulaion)
		353.2 DUE TO	
		Conditions, if ony, which) (b)	
		gave rise to immediate (
		lying cause lost.	
	Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATION	Portal ciantonia	PERFORMED? YES NO
Ч	IE I	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of item 18.)
H	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
	MEDICAL	Hour o. m. p. m. 19 While Not while of work of work	tory, street, office bldg., etc.)
		21. I certify that I attended the deceased from.	10 40 10 46-41 (-14
			19, ta, 19, that I last saw the deceased
		alive an vanuery 30, 19 3 9, and that death	accurred at 145 Rep. M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
		SIGNATURE James MCC. Funcy	27. 8 Line A Library of town, stoley
/		SIGNATURE COULTY	M.D. \$30 2. comm and travel fraging. 1-212)
		PHYSICIAN'S	
	22.	NAME (Type)	
		BURIAL CREMATION: 26. DATE THEREOF 22. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	00	Julia 17 1/ noch	un un jougard co, filled.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ON 159 ON 159 ON 159 ON 159
4	/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE B 4 59 CINIMI 2. TIME

Whe haspital or attending physician. FOR: After this certificate has been signed by the attending physician and campletely filled in by funeral directandetached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with to burial, cremation, ar remaval, and in any event within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page M TO FUNERAL Di page 3 shauld be d the registrar prior to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 720

CERTIFICATE OF DEATH

00710

		40							Made Dis	1, 140,	
1. PLACE OF DEATH o. COUNTY	Harford		MARY	(LAND	2. USUAL RESIDE	NCE (Whe		ed. If instituti b. COUNTY	-	e before od	_
b. CITY OR TOWN (RURAL and give n	If autside corporate limit learest lawn) Joppa	s, write	c. LENGTH OF STAY		c. CITY OR TO		tside carporate	limits, write R			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street	oddress)		d. STREET ADI	DRESS				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Charles		Middle Anderson		Lost Seaman		4. DATE OF DEATH	Mor Jan		Day	Yeor 19 50
5. SEX male	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI		Oct. 5	. 189	. 1	GE (In years ost birthday) GL yrs.	IF UNDER I	Days Ha	NDER 24 HRS.
10a. USUAL OCCUPATION	ON (Give kind of wark di king life, even if retired)	ane 10b.	KIND OF BUSINESS O		RY 11. BIRTHPLAC	E (State a	r fareign caunti	0.4	12. CITI2		HAT COUNTRY
13. FATHER'S NAME	KAII		Transpor 6	TOTOLI	14. MOTHER'S M	AIDEN N				0.5	Α.,
Charle	s T. Seaman				1	Laura	Anders	on			
1S. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCE Ill yes, give war or dates of se WW 1	rvice)	social security no 15-09-3632		formant s. Barbar	ra W.	Seaman	Add Jop	pa, Ma	rylan	ıd
Conditions, if a gave rise to i couse (o), stoting lying cause lost. PART II. OTI	immediate (CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO TH	HE TERMIN	IAL DISEASE CO	ONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED?
20a. ACCIDENT WA	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter noture of i	njury in Po	irt I ar Part II a	f ilem 18.)			
Y 20c. TIME OF INJUR Hour a. fl. p. m.	RY Manth, Day, Yea 19	While	NJURY OCCURRED Not white at work	20e. PLAI foct	CE OF INJURY (Ha pry, street, office b	me, farm, ldg., etc.)	20f. (City or t	own)	(Co	ounly)	(Stote)
21. I certify the alive an	Louis. E.	12.1 Ta	fan, and that	death	.D. 13K		M, fram the DDRESS (Street,	e causes o	and an the		he deceased tated abave DATE SIGNE
22a. BURIAL, CREMATIC REMOVAL (Specify) Burial	Jan 15:1		22c. NAME OF CEME Bel Air M		CREMATORY		22d. LOCATION			-	State)
23 FUNERAL DIRECTOR	'S SIGNATURE	A &	ADDRESS Abingo		2.	4a. REC'D	BY REGISTRAR N 1 6 '59	24b. REG!	TRAR'S SIGN	NATURE	

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

694 CERTIFICATE OF DEATH

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	034	Keg. Dist. No.
	1. PLACE OF DEATH O. COUNTY HARFORD MAINLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LANKE JE CRCE	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WE MORIBLE HOSPITAL	d. STREET ADDRESS? 656 Franklin e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) The ARMOR	SENTMAN 4. DATE Month Day Year DEATH JANUARY 14 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WH. FE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years loss birthdoy) 4/24/1878 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) More	STRY 12. BIRTHPUCE Istate or foreign country) 12. CITIZEN OF WHAT COUNTRY W.S. A.
	13. FATHER'S NAME GEORGE FREDERICK ARMOR	JENNY DICKEY
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yes, give war or dates of service) (If yes, give war or dates of service)	informant Centinan 656 Franklin St.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	DEMOMINATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse (a), stoling the under-	linosie-mystarat
5	Iying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO COURRE OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING TO DEATH BUT OR CONTRIBUTING TO DEA	ED. (Enter nature of injury in Part I ar Part II of item 1B.)
		LACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) actory, street, affice bldg., etc.)
	21. I certify that rattended the deceased fram.	h occurred at 1.59PM, from the causes and on the date stated above
,	ACTUAL SIGNATURE (C.) LEWYD MA	M.D. JANUA DATE SIGNE
1	PHYSICIAN'S NAME (Type)	
	220 BURIAL CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL OF CEMETERY CONTRO	fill I favede Viace, Mid
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Authory S. Hours

uneral director, uld be fitted with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 陽 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de may be retained to the hospital or attending physician.

TO FUNERAL DIM FOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

100712 Reg. Dist. No.

721 CERTIFICA					ATE OF DEATH Reg. Dist. No.							12		
	PLACE OF DEATH a. COUNTY	Harford		MAR	YLAND	2. USUAL RES o. STATE	DENCE (Whe	-	d lived. If in b. CO		: Resider	-111	e admis	
	b. CITY OR TOWN (I	f outside corporate limi	its, write	LENGTH OF STAY	(IN 1b		TOWN (If ou		rote limits, w	vrite RU	RAL ond	1000		
	Joppa			7 yrs	.,	X	Jor	pa						
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	live street od	dress)		d. STREET	ADDRESS							FARM?
	NAME OF DECEASED (Type or print)	James		Middle	0.	Spar	1	4. DATE OF DEATH		Month	n.	Day		Year 19 50
5.	SEX	6. COLOR OR RACE		D NEVER MARR	IED 🖂	B. DATE OF BIRT			9. AGE (In	years I		1 YEAR		ER 24 HRS.
	Male	White	WIDOWED	DIVORCE	ED 🗌	July, 1			lost birth	day) yrs.	Months	Doys	Hours	Min.
100	 USUAL OCCUPATION during most of work 	ON (Give kind of work king life, even if retired	done 10b. KI	ND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State o	r foreign c	ountry)		12. CI	IZEN O	F WHAT	COUNTRY
	Farme			Owner		Non	rth Car	rolina	2.				U.S	.A.,
13.	FATHER'S NAME					14. MOTHER"	MAIDEN NA	AME					-	****
	William	Sparks				Mars	Moxle	v						
	WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO	0. 17. 1	NFORMANT	11014	4		Addres	35		-13-	
(10	no	(If yes, give war or dates of s		none	Mr	s. Clitt	de Moy	lev.	Jonna	Mo	ryla	nd		
		TH [Enter only one co				/ `	1	40,5	1	, 40	1		RVAL RE	TWEEN
	1000	TH WAS CAUSED BY:	6	nerica	AV. 2 G	Ster Cin	chesta	ASPI	lana	1		ONS	ET AND	DEATH
	11221	IMMEDIATE CAUSE (o		0 1	Caro	100	()	nu	na coe	nu				
	Conditions, if a			Cardia	LAN	culla.	the	200	00.					
	gove rise to in	mmediate		Chyma	1-1	www.	gr	400	oct.					
	lying couse lost.	the <u>under-</u> DUE TO		C.V.A.					199					
O	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	IAL DISEAS	E CONDITIO	N GIVE	N IN PAR	T 1(o) 19	. WAS	AUTOPSY
CAT	S. C. S. M.			tanous	m 1	MA								NO 🙀
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY C	CCURRE	D. (Enter nature o	of injury in Po	art I or Part	I II of item 1	8.)				
MEDICAL	20c. TIME OF INJURY Hour o. gr. p. m.	Y Month, Day, Yes	White of work [Not while of work	20e. PL fac	ACE OF INJURY	(Home, form, e bldg., etc.)	20f. (City	or town)		(1	County)		(Stote)
	21. I certify th	at/I attended the	deceased	fram /	17	1957	, to	1/16	19	57	that 1	last sa	w the	deceased
	alive an	1440	19 5		death	accurred at	4100 A	AA Sean						
١,,		TIXI	1	1	deam				seef, city or			le dui		ATESIGNE
	ACTUAL SIGNATURE	Telm	Ka	han		M.D. (188)	×96	6 8	All	w	101	21,	//	14
	PHYSICIAN'S NAME (Type)	E. Louis				Ed	lgewood	. Mai	yland			'/		(
220	BURIAL, CREMATION	N, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	TION (City, to	own, or	county)		(Stot	e)
	Removal	1/18/19	59	Moody Fu	nera	1 Home		Mour	at Air	y, Su	rry.	N.C		
23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b.	REGIST	RAR'S SIG	SNATUR		
1	Jowa4d	N Miter	ux X	/ Abingdo	n, Ma	ryland	DATE J	AN 20	'59	a	thung .	8. The	und	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained, the haspital or attending physician.

TO FUNERAL DIR DR. After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. TO FUNERAL DIR VS A15 (4) 15M 9/55

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V\$ A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4

00714

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY TARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE M.D. b. COUNTY HARFORD				
	b. CITY OR TOWN (If autside carporole limits, write RURAL and give nearest lawn) HAVRE DEGRACE LIFE	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town) HAVRE DEGRACEL				
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 8010077AP105T.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print) KATHERINE FRANCES	NERIVER 4. DATE Month Day Year OF DEATH JAM. 1/ 1959				
	FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH P. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSE WORK HOME	MD 4.5.4.				
1	JOHN WERNER SP.	14. MOTHER'S MAIDEN NAME PEGINA SITZLER				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yos. no. or unknown) (If yes, give wor or dotes of service) (If yes, give wor or dotes of service)	A. HUGHES SPENCER, HAVRE DEGRACE MO.				
	18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the under-lying cause last. (c)	INCULAR AND DEATH ONSET AND DEATH ONSET AND DEATH				
CATION	CATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
- 1		D. (Enter nature of injury in Part I or Part II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. j While at work at work at work at work at work.	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)				
	21. I certify that I attended the deceased from 12, 19 45, to 5 AN-11, 19 57, that I last saw the deceased alive on 19 50, and that death accurred at 3 A M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)					
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 1-13-1959 HNGEL HILL	CREMATORY 22d. LOCATION (City, town, or county) (State) LL CEIVI, HAVRE DEGRACE MD.				
	23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS ADDRESS AND ALIGNATURE AND AND ADDRESS	PACE NO DATE JAN 1 4 59 246. REGISTRAR'S SIGNATURE CIVILIN S. Thomas				

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	A TON BOOK		Manager Street, Street 197 of 198	
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The bottom copy may be retained by the hospital or attending physician.

ATTENDIN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death. After	799 CERTIFICATE	OF DEATH 00715			
deat	723 CERTIFICATE	Reg. Dist. No.			
き	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
he he	COUNTY HARFORD MARYLAND	man Manufact			
2 .	COUNTY TITTOTO MARYLAND CITY (If outside corporete limits, write RURAL LENGTH OF STAY	STATE Myrulfand COUNTY Hartord CITY (If outside comprate limits, write RURAL and give neerest town)			
ctor	OR and give nearest town? (in this place)	OR .			
director,	TOWN ROCKS 61 YEMS	X KOCKS			
5000	INSTITUTION OR STREET ADDRESS Route # 24	STREET (If rural give location) Route #24			
with fune	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yaar)			
the	(Type or Print) JAMES CLARENCE WILS	ON DEATH JAN. 8, 1959			
-=	5 SEX A COLOR OR 1.7 SINGLE MARRIED 1.8 DATE OF				
he reg in by	(Specify) Widowed DEPt.	20,1874 84 yrs. Months Days Hours Min.			
	done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY?			
with filled mit.	rollired) FARMING FARMET	Maryland U.S. A			
200	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
e filed letely sit pe	SAMUEL WILSON	Mary McAlister			
te be fill omplete transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
cor	(Yes, ng, or unk.) (If Yes, give wer or detes of service)	Frances W. Hince, Rocks, Maryland			
and co	740				
- a	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
ciar		AND PULMONARY EDEMA 2WKS			
physi use	ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) SENILE PSYCHOL	515 6+08mos			
	DISEASES OR CONDITIONS, IF ANY, (B) DENILE TSYCHO GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	5/5 6/00/Mes			
quires that the attending detached for	STATING UNDERLYING CAUSE LAST. OF TO	ERIO SCHEROTIC CARDIO-VASCULE OVERION			
es ten	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DISEASE OVERIUN			
Ode at	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	DISERSE			
the c	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
		YES NO X			
The lay	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., atc.)	Cic. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
		21f. HOW DID INJURY OCCUR?			
D ≥ €	M. at work Not white				
DIRECTOR: been executed assembly	22. I hereby certify that I attended the deceased from A.M.	1057 10 1/4/18 10 59 1111			
G 0 0					
. 70 0	alive on JAN				
RAL 10W	01.0,19	ADDRESS (Streat, city, town, stata) DATE SIGNED			
certificate death cert	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR O	CREMATORY LOCATION (City, town, or county) (State)			
Gentif death A15C	DEMOVAL (EDECIEV)	10 10 10 10 11 11 11			
	7	iscapal Cemetery Rocks, Harrford Co., Md.			
۲ × ۲	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE W. Brondway + WPII, "Arms St.			
Re	DATE JAN 1 2'59 arthur S. Kraus	Joseph W. Foster BEL Arm, Maryland			

CERTIFICATE OF DEATH 100